

GENERAL CORRESPONDENCE

YEAR(S): 2007-1998



2007 FEB 22 AM 10 36

Ed Hansen New Mexico Oil Conservation Division 1220 South Saint Francis Drive Santa Fe, New Mexico 505 476-3490 Sent Certified Mail Return Receipt No. 7002 2410 0001 5812 9800

Subject: 2006 Annual Report and Closure Report for Rice Operating Company's Junction I-9 Release Site Unit Letter I, Section 9, T19S, R38E, Lea County, New Mexico Former AP008

Dear Mr. Hansen:

In response to your letter dated November 3, 2006 ARCADIS respectfully submits the following monitor well plugging report for the above-referenced site:

All of the monitoring wells (monitoring wells MW-1, MW-3 and MW-4) at the site with the exception of the McNeil were plugged on December 11, 2006 per the plugging plan submitted on November 9, 2006. The wells were be plugged by filling to the ground surface with a cement grout with 1-3% bentonite.

Your approval letter of the 2006 Annual Report and Closure report upon receipt of this plugging report will be appreciated.

If you have any questions or need additional information please contact me at (432) 687-5400 or Kristin Pope at (505) 393-9174.

Sincerely,

ARCADIS G&M, Inc.

Sharm E. Hall

Sharon E. Hall Site Evaluation Department Manager

Copies:

ARCADIS G&M, Inc. 1004 North Big Spring Suite 300 Midland Texas 79701 Tel 432 687 5400 Fax 432 687 5401 www.arcadis-us.com

ENVIRONMENTAL

Date: 19 February 2007

Contact: Sharon E. Hall

Phone: 432 687-5400

Email: shall@arcadis-us.com

Our ref: MT000643.0001

Imagine the result

Mr. Ed Hansen 19 February 2006

Wayne Price, NMOCD Santa Fe Chris Williams, NMOCD Hobbs District Office Kristin Pope, ROC File Copy Report Copy









NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON Governor Joanna Prukop Cabirnet Secretary Mark E. Fesmire, P.E. Director Oil Conservation Division

November 15, 2006

Carolyn Doran Haynes Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: 2006 Annual Report and Closure Report for the Rice Operating Company's Junction I-9 Release Site Unit Letter I, Section 9, T19S, R38E, Lea County, New Mexico AP008 Termination

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (NMOCD) has received the Rice Operating Company's (ROC) plan (dated November 13, 2006) to plug the monitoring wells at the above referenced site. The plan is acceptable to the NMOCD; however, the material used to plug the wells must be a cement grout with 1% to 3% bentonite. Please submit to the NMOCD a final plugging report within 60 days of receipt of this letter.

The above referenced Closure Report, submitted in accordance with Rule 19.K, indicates that ROC has met the requirements of Rule 19.B; therefore, the NMOCD approves the abatement completion report and hereby notifies you that the abatement plan (AP008) is terminated in accordance with Rule 19.K.(2).

Please be advised that NMOCD approval of this plugging plan and closure report does not relieve the owner/operator of responsibility should operations pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD approval does not relieve the owner/operator of responsibility for compliance with any NMOCD, federal, state, or local laws and/or regulations.







Carolyn Doran Haynes November 15, 2006 Page 2

Thank you for your cooperation in this matter. If you have any questions regarding this matter, please contact Edward Hansen of my staff at 505-476-3489 or <u>edwardj.hansen@state.nm.us</u>.

Sincerely,

1 Pin Ŵ

Wayne Price Environmental Bureau Chief

WP:EJH:ejh

cc: Chris Williams; OCD; Hobbs District Office Sharon Hall; ARCADIS G&M, Inc.; Midland, TX



2006 NOV 13 PM 1 11

Ed Hansen New Mexico Oil Conservation Division 1220 South Saint Francis Drive Santa Fe, New Mexico 505 476-3490 Sent Certified Mail Return Receipt #7002 2410 0001 5812 9732

Subject: 2006 Annual Report and Closure Report for Rice Operating Company's Junction I-9 Release Site Unit Letter I, Section 9, T19S, R38E, Lea County, New Mexico AP008

Dear Mr. Hansen:

In response to your letter dated November 3, 2006 ARCADIS respectfully submits the following monitor well plugging plan for the above-referenced site:

All of the monitoring wells (monitoring wells MW-1, MW-3 and MW-4) at the site with the exception of the McNeil well will be plugged. The wells will be plugged by a water well driller with a valid New Mexico water well driller's license issued by the New Mexico State Engineer. The monitor wells will be plugged in accordance with 19.27.4.21 NMAC *Shallow Wells- Construction, Repair, Plugging.* That is, the wells will be plugged by filling to the ground surface, or, if the casing is not be removed, by welding a steel plate or cap to the casing.

Your approval letter of the 2006 Annual Report and Closure report upon receipt of this plugging plan will be appreciated.

If you have any questions or need additional information please contact me at (432) 687-5400 or Kristin Pope at (505) 393-9174.

ARCADIS G&M, Inc. 1004 North Big Spring Suite 300 Midland Texas 79701 Tel 432 687 5400 Fax 432 687 5401 www.arcadis-us.com

ENVIRONMENTAL

Date: 9 November 2006

Contact: Sharon E. Hall

Phone: 432 687-5400

Email: shall@arcadis-us.com

Our ref: MT000643.0001

Imagine the result

24

Recipient Day Month Year

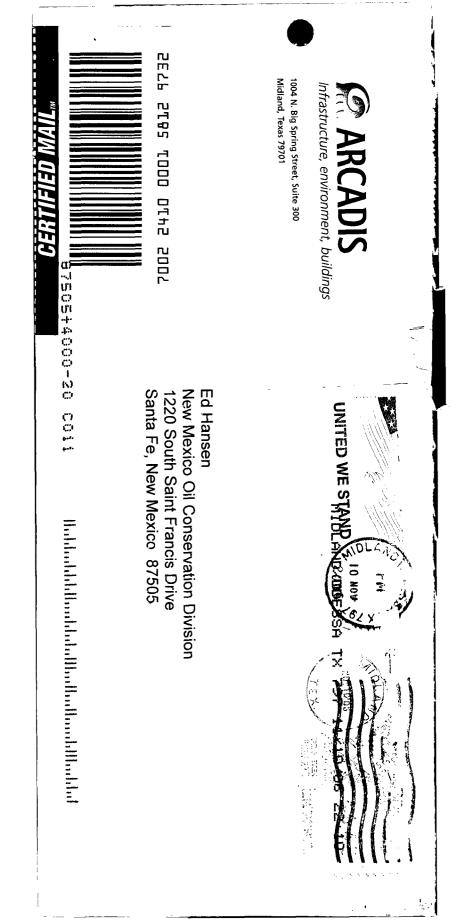
Sincerely,

ARCADIS G&M, Inc.

Sharm E. Hall

Sharon E. Hall Site Evaluation Department Manager

Copies: Wayne Price, NMOCD Santa Fe Chris Williams, NMOCD Hobbs District Office Kristin Pope, ROC File Copy Report Copy





NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON (Governor JoarnnaPrukop Cabirnet Secretary Mark E. Fesmire, P.E. Director Oil Conservation Division

November 3, 2006

Carolyn Haynes Rice Operating Company 122 West Taylor Habbs, New Mexico 88240

RE: 2006 Annual Report and Closure Report for the Rice Operating Company's Junction I-9 Release Site Unit Letter I, Section 9, T19S, R38E, Lea County, New Mexico AP008

Dear Ms. Haynes:

The Oil Conservation Division (OCD) has received the Rice Operating Company's (ROC) 2006 Annual Report and Closure Report for the Junction I-9 Site, dated October 15, 2006, and has conducted an initial review of the Reports. The Closure Report, submitted in accordance with Rule 19.K, indicates that ROC has met the requirements of Rule 19.B. However, prior to issuing an approval letter for the Report, ROC must submit to the OCD a plan to plug all of the groundwater monitoring wells (expect for the McNeill well) at the site.

Once this issue has been adequately addressed, then the OCD will issue a completion approval and abatement plan termination letter. If you have any questions regarding this matter, please call me at 505-476-3489.

Sincerely,

V. Hansh

Edward J. Hansen Hydrologist Environmental Bureau

EJH:ejh

ce: Chris Williams; OCD; Hobbs District Office Sharon Hall; ARCADIS G&M, Inc.; Midland, TX

Price, Wayne

From: Sent: To: Subject: Price, Wayne Monday, October 04, 2004 11:55 AM Carolyn Doran Haynes (E-mail); Sharon Hall (E-mail) Rice I-9

OCD received the report. Could please send a plat to be included in the figure section showing the MW's with all future reports. Thanks!

Sincerely:

Wayne Price New Mexico Oil Conservation Division 1220 S. Saint Francis Drive Santa Fe, NM 87505 505-476-3487 fax: 505-476-3462 E-mail: WPRICE@state.nm.us



Infrastructure, buildings, environment, communications

Wayne Price New Mexico Oil Conservation Division 1220 So. Saint Francis Drive Santa Fe, New Mexico 87505

Subject: Rice Operating Company Junction I-9, Hobbs, New Mexico Stage 2 Abatement Report

Dear Mr. Price,

On behalf of Rice Operating Company, ARCADIS G&M respectfully submits this Stage 2 Abatement report for the Junction I-9 site located in Hobbs, New Mexico. The report details the Stage 2 Abatement activities and results.

If you have any questions or require additional information please do hesitate to call me at (432) 687-5400 or Carolyn Haynes at (505) 393-9174.

Sincerely,

ARCADIS G&M, Inc.

Sham E. Harel

Sharon E. Hall Site Evaluation Department Manager

Copies: Carolyn Haynes- Rice Operating Company Chris Williams- NMOCD Hobbs

Attachment: Report ARCADIS G&M, Inc. 1004 N. Big Spring Street Suite 300 Midland Texas 79701 Tel 432.687.5400 Fax 432.687.5401 www.arcadis-us.com

Date: 14 July 2004

Contact: Sharon Hall

Phone: 432 687-5400

Email: shall@arcadis-us.com

Our ref: MT000643.0001

Part of a bigger picture

Price, Wayne

From: Sent: To: Cc: Subject: Price, Wayne Wednesday, May 19, 2004 10:40 AM Sharon Hall (E-mail) Carolyn Doran Haynes (E-mail) Rice I-9

OCD is in receipt of the Stage 2 Abatement revision Request dated April 05, 2004 and hereby approves of the plan. Please submit the Stage 2 for OCD approval by June 30, 2004.

Please be advised that NMOCD approval of this plan does not relieve (Rice Operating Company) of liability should their operations fail to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD approval does not relieve (Rice Operating Company) of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Sincerely:

Wayne Price New Mexico Oil Conservation Division 1220 S. Saint Francis Drive Santa Fe, NM 87505 505-476-3487 fax: 505-476-3462 E-mail: WPRICE@state.nm.us





Infrastructure, buildings, environment, communications

Wayne Price New Mexico Oil Conservation Division 1220 So. Saint Francis Drive Santa Fe, New Mexico 87505 Sent Certified Mail

Subject:

Rice Operating Company Junction I-9, Hobbs, New Mexico Stage 2 Abatement Plan Revision Request

Dear Mr. Price,

On behalf of Rice Operating Company (ROC), ARCADIS G&M respectfully requests a revision to the Stage 2 Abatement Plan submitted in December 2000 for the Junction I-9 site. The approved Stage 2 Abatement Plan calls for the reinstallation of the recovery well and installation of two additional wells, one downgradient of MW-2 and one downgradient of the source area (the near-source area well is to be drilled to the base of the aquifer). ROC requests a revision to the approved Stage 2 Abatement workplan to not drill the subject wells. The basis for the request is:

- 1. Site ownership- the site is now owned by Oxy Permian
- 2. Site conditions- the source of potential impacts has been removed (excavated) and an upper and lower clay liner have been installed
- 3. Analytical data- groundwater was collected and analyzed in March 2004. Groundwater analytical results indicate generally improved conditions.
- 4. No free product is evidenced at the site.

Attached is a table summarizing the analytical results of the March 2, 2004 groundwater sampling. The table is a revision (update) of Table 3 that was included in the Stage 1 Abatement Report submitted on September 10, 1999. Compounds highlighted in yellow were analyzed per the approved Stage 2 Abatement Workplan. The well designated as the McNeil well, downgradient of the site, was added to the sampling program. Monitor well MW-2 was not sampled, as the well was dry.

No hydrocarbons were detected in any of the wells. Metals analysis indicates a decrease in metals concentrations since the July and September 1999 sampling. Aluminum and lead were detected at concentrations in excess of New Mexico Water Quality Control Commission (WQCC) standards; however, the concentrations of these compounds have decreased since the wells were last sampled. Boron was

ARCADIS G&M, Inc. 1004 N. Big Spring Street Suite 300 Midland Texas 79701 Tel 432.687.5400 Fax 432.687.5401 www.arcadis-us.com

Date: 5 April 2004

Contact: Sharon Hall

Phone: 432 687-5400

Email: shall@arcadis-us.com

Part of a bigger picture

Wayne Price April 5, 2004

detected at a concentration in excess of the WQCC standard. Boron has not previously been analyzed. Total dissolved solids and sodium were detected at a concentration above the WQCC standard, and chlorides were detected above the WQCC standard in one well, MW-3.

No free product is evidenced at the site. During excavation activities the site was excavated to groundwater in the source area. No measurable product was evidenced in the excavation. Further, no hydrocarbon compounds were detected in any of the monitor wells. Therefore, re-installation of the recovery well is no longer warranted.

Based on the changes in site conditions since the submittal and approval of the Stage 2 Abatement Workplan (the site is now owned by Oxy Permian, the source of potential impacts has been removed (excavated) and an upper and lower clay liner have been installed and analytical results indicate generally improved conditions) ROC requests that the two additional monitor wells not be drilled and that monitoring of the existing wells, including the downgradient McNeil well continue as described in the Stage 2 Abatement Workplan. The McNeil well, which was installed as an irrigation well, will be added to the sampling program and should be sufficient to monitor downgradient density gradient effects. With your approval of this request ROC will prepare and submit the Stage 2 Abatement report that details the Stage 2 Abatement activities and results.

Sincerely,

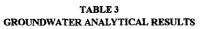
ARCADIS G&M, Inc.

Sham E. Hall

Sharon E. Hall Site Evaluation Department Manager

Copies: Carolyn Haynes- Rice Operating Company

Attachment: Table Our ref: 643.0001



Well Name		MW-1		MV	V_2	M	W-3	M	W-4	McNeil Well
Date Sampled	1/16/1999	7/7/1999	3/2/2004	1/16/1999	7/7/1999	1/16/1999	3/2/2004	9/2/1999	3/2/2004	3/2/2004
Compound Name	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
VOCs										
Benzene	0.008	0.262	ND	0.017	0.289	ND	ND	ND	ND	ND
Bromobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Bromochloromethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Bromodichloromethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Bromoform	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Bromomethane	ND	NA	NA	ND	NA	ND ND	NA NA	NA	NA	NA NA
n-butyibenzene sec-butyibenzene	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
tert-butylbenzene	ND	NA	NA	ND ND	NA	ND	NA	NA	NA	NA NA
Carbon tetrachloride	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Chlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Chlorodibromomethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Chloroethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Chloroform	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Chloromethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Chlorotoluene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Chlorotohuene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,2-Dibromo-3-chloropropane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,2-Dibromoethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Dibromomethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,2-Dichlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA NA	NA	NA
1,3-Dichlorobenzene	ND	NA	NA	ND	NA NA	ND	NA NA	NA	NA NA	NA NA
1,4-Dichlorobenzene Dichlorodifluoromethane	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
1,1-Dichloroethane	ND ND	NA	NA NA	ND ND	NA	ND ND	NA	NA	NA	NA
1.2-Dichlorethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1.1-Dichloroethene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
cis-1.2-dichloroethene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
trans-1,2-dichloroethene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,2-Dichloropropane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,3-Dichloropropane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2,2-Dichloropropane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,1-Dichloropropene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Ethylbenzene	0.032	0.286	ND	0.007	0.061	ND	ND	ND	ND	ND
Hexachlorobutadiene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Isopropylbenzene	ND	NA	NA	ND	NA	ND ND	NA	NA	NA	NA NA
p-isopropytohuene	ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
Methylene chloride	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA
n-propylbenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Styrene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,1,1,2-Tetrachloroethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,1,2,2-Tetrachioroethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Tetrachloroethene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Toluene	ND	0.01	ND	ND	<0.005	ND	ND	ND	ND	ND
1,2,3-Trichlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,2,4-Trichlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,1,1-Trichloroethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,1,2-Trichloroethane	ND	NA	NA	ND	NA	ND	NA	NA NA	NA	NA
Trichloroethene	ND	NA NA	NA	ND ND	NA NA	ND	NA	NA	NA NA	NA
Trichlorofluoromethane 1,2,3-Trichloropropane	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
1,2,4-Trimethylbenzene	0.007	NA NA	NA NA	ND	NA	ND	NA	NA NA	NA NA	NA
1,3,5-Trimethylbenzene	0.007 ND	NA	NA	ND	NA	ND	NA	NA	NA NA	NA
Vinyl chloride	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Xylenes, total	0.012	0.131	ND	0.012	0.008	ND	ND	ND	ND	ND
Acetone	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Carbon disulfide	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Vinyl acetate	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Butanone	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA

Ļ

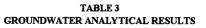
ļ.



TABLE 3 GROUNDWATER ANALYTICAL RESULTS

Well Name		MW-1		MV	V-2	M	N-3	M	W-4	McNeil Well
Date Sampled	1/16/1999	7/7/1999	3/2/2004	1/16/1999	7/7/1999	1/16/1999	3/2/2004	9/2/1999	3/2/2004	3/2/2004
Compound Name	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
1,2-Dichloroethene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Chloethylvinylether	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Methyl-2-pentanone	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
cis-1,3-dichloropropene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
trans-1,3-dichloropropene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Hexanone	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Methyl tert butyl ether	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
<u>SVOCs</u>										
Acenaphthene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Acenaphthylene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Aniline	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Anthracene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Benzo(a)anthracene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Benzo(b)fluoranthene	ND	NA	NA	ND	NA	ND ND	NA	ND	NA	NA
Benzo(k)fluoranthene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA NA
Benzo(a)pyrene	ND	NA	NA NA	ND	NA NA	ND ND	NA	ND NA	NA NA	NA NA
Benzoic acid Benzo(g,h,i)perylene	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA ND	NA NA	NA NA
Benzo(g,n,1)perviene Benzyl alcohol	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	ND NA	NA NA	NA NA
4-Bromophenylphenyl ether	ND ND	NA	NA	ND	NA	ND ND	NA	NA	NA	NA NA
Butybenzylphthalate	ND	NA	NA NA	ND ND	NA	ND ND	NA	NA	NA	NA
di-n-butyl phthalate	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Carbazole	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Chloroaniline	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
bis(2-chloroethoxy)methane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
bis(2-chloroethyl)ether	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
bis(2-chloroisopropyl)ether	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Chloro-3-methylphenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Chloronaphthalene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Chlorophenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Chlorophenylphenyl ether	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Chrysene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Dibenz(a,h)anthracene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Dibenzofuran	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,2-Dichlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,3-Dichlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
1,4-Dichlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
3,3-Dichlorobenzidine	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2,4-Dichlorophenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Diethylphthalate	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2,4-Dimethylphenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Dimethyl phthalate	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4,6-Dinitro-2-methylphenol	ND	NA	NA	ND	NA	ND	NA	NA	NA NA	NA NA
2,4-Dinitrophenol	ND	NA	NA	ND	NA	ND	NA NA	NA	NA	NA NA
2,4-Dinitrotoluene	ND	NA	NA NA	ND ND	NA NA	ND ND	NA	NA NA	NA NA	NA NA
2,6-Dinitrotoluene 1,2-Diphenylhydrazine	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
bis(2-ethylhexyl)phthalate	ND ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
Fluoranthene	ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA	ND	NA NA	NA NA
Fluorene	ND ND	NA NA	NA	ND	NA NA	ND ND	NA NA	ND	NA	NA
Hexachlorobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Hexachlorobutadiene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Hexachloroethane	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Hexachlorocyclopehtadiene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Indeno(1,2,3-cd)pyrene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Isophorone	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Methylnaphthalene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Methylphenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Methylphenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Naphthalene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA

•



Well Name		MW-1		MW	V-2	M	N-3	M	W-4	McNeil Well
Date Sampled	1/16/1999	7/7/1999	3/2/2004	1/16/1999	7/7/1999	1/16/1999	3/2/2004	9/2/1999	3/2/2004	3/2/2004
Compound Name	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
2-Nitroaniline	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
3-Nitroaniline	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Nitroaniline	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Nitrobenzene	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
2-Nitrophenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
4-Nitrophenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
N-nitrosodiphenylamine	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
N-nitroso-di-n-propylamine	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Di-n-octyl phthalate	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Pentachlorophenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Phenanthrene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Phenol	ND	NA	NA	ND	NA	ND	NA	NA	NA	NA
Pyrene	ND	NA	NA	ND	NA	ND	NA	ND	NA	NA
Pyridine	ND	NA	NA	ND	NA	ND	NA	NA NA	NA	NA
1,2,4-Trichlorobenzene	ND	NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
2,4,5-Trichlorophenoi	ND	NA NA	NA NA	ND ND	NA NA	ND ND	NA NA	NA NA	NA NA	NA NA
2,4,6-Trichlorophenol Gasoline Range C6-C12	ND NA	NA NA	NA ND	ND NA	NA NA	ND NA	NA ND	NA NA	NA ND	NA ND
Diesel Range >C12-C35	NA NA	NA NA	ND	NA	NA	NA	ND	NA	ND	ND
TPH C6-C35	NA NA	NA NA	ND	NA	NA	NA	ND	NA	ND	ND
1110-035	hA	IA			11/1					
General Chemistry										
Resistivity	0.74	NA	NA	0.58	NA	0.53	NA	0.0009	NA	NA
Specific Gravity	0.982	NA	NA	0.985	NA	0.996	NA	NA	NA	NA
Chloride	128	NA	195	230	NA	195	319	100	164	81.5
Carbonate (CaCO ₃)	ND	NA	ND	ND	NA	ND	ND	ND	ND	ND
Bicarbonate (CaCO ₃)	332	NA	478	322	NA	370	380	220	264	185
Hydroxide Alkalinity	NA	NA	ND	NA	NA	NA	ND	NA	ND	ND
pH	7.29	NA	7.22	7.51	NA	7.51	6.99	NA	7.03	7.52
Sulfate	318	NA	440	372	NA	483	499	180	367	69.2
Total dissolved solids	890	NA	1720	1190	NA	1340	1320	770	1040	468
Calcium	727	NA	72.8	578	NA	1255	94.4	93	100	25.9
Potassium	3	NA	4.45	30	NA	8	2.7	2.4	1.85	2.95
Sodium	144	NA	244	171	NA	310	200	124	129	104
Specific Conductance	NA	NA	1870	NA	NA	NA	1740	NA	1380	724
Fluoride	NA	NA	1.57	NA	NA	NA	1.91	NA	1.89	1.03
Nitrate as N	NA	NA	0.2	NA	NA	NA	0.1	NA	0.2	0.4
<u>Metals</u>										
Silver	ND	NA	ND	ND	NA	ND	ND	ND	ND	ND
Aluminum	12.3	NA	7	16.5	NA	32.7	15.7	3.1	1.14	0.0491
Arsenic	0.019	NA	ND	0.025	NA	0.028	0.0127	0.03	ND	0.0467
Barium	0.87	NA	0.446	0.970	NA	3.91	1.87	0.11	0.0932	0.0543
Boron	NA	NA	1.38	NA	NA	NA	0.999	NA	0.592	0.127
Cadmium	ND	NA	ND	ND	NA	ND	ND	ND	0.0134	ND
Cobalt	ND	NA	J[0.0008]	ND	NA	ND 0.02	0.0047	ND	ND	ND
Chromium	ND	NA	J[0.0024]	0.02	NA	0.03	0.0139	ND 0.02	ND	ND ND
Copper	0.02	NA	0.0044	0.02	NA	0.02	ND 13.8	0.03	ND 1.06	0.0609
Iron	9.34 NA	NA NA	5.58 28.1	11.6 NA	NA NA	26.4 NA	13.8 38.8	2.4 NA	31.2	3.93
Magnesium Mercury	NA ND	NA NA	28.1 ND	NA ND	NA NA	NA ND		NA ND	ND	3.93 ND
	0.214	NA NA	0.0741	0.288	NA NA	0.535	0.458	0.03	0.0524	0.0221
Manganese Molybdenum	0.214 ND	NA NA	0.0741 ND	0.200 ND	NA	0.333	0.436 ND	0.03	0.0524 ND	0.0221 ND
Nickel	0.02	NA	ND	ND	NA	0.05	ND	0.02	ND	ND
Lead	0.02	NA	ND	0.007	NA	0.03	ND	0.008	ND	ND
Selenium	ND	NA	ND	ND	NA	ND	ND	0.00	ND	ND
Zinc	0.05	NA	0.098	0.04	NA	0.04	0.0342	0.02	0.0863	0.0331
	0.05	****	0.050		L		0.0012		1	

All results are reported in milligrams per liter (mg/L) NA - Not analyzed ND - Not detected

Infrastructure, buildings, environment, communications

TELEFAX

Wayne Phice

Fax; 505476-3462

Subject:

Total pages:

Copies;

ARCADIS Project No.:

ARCADIS G&M, Inc. 1004 Big Spring Street Suite 300 Midland Toxes 79701 Tel 432-087-5400 Fox 432-687-5401

ENVIRONMENTAL

Dale:

From: Sharon Hall

Phone Number: 432 687-5400

If you do not roceive all pages, please call to let us know as soon as possible.

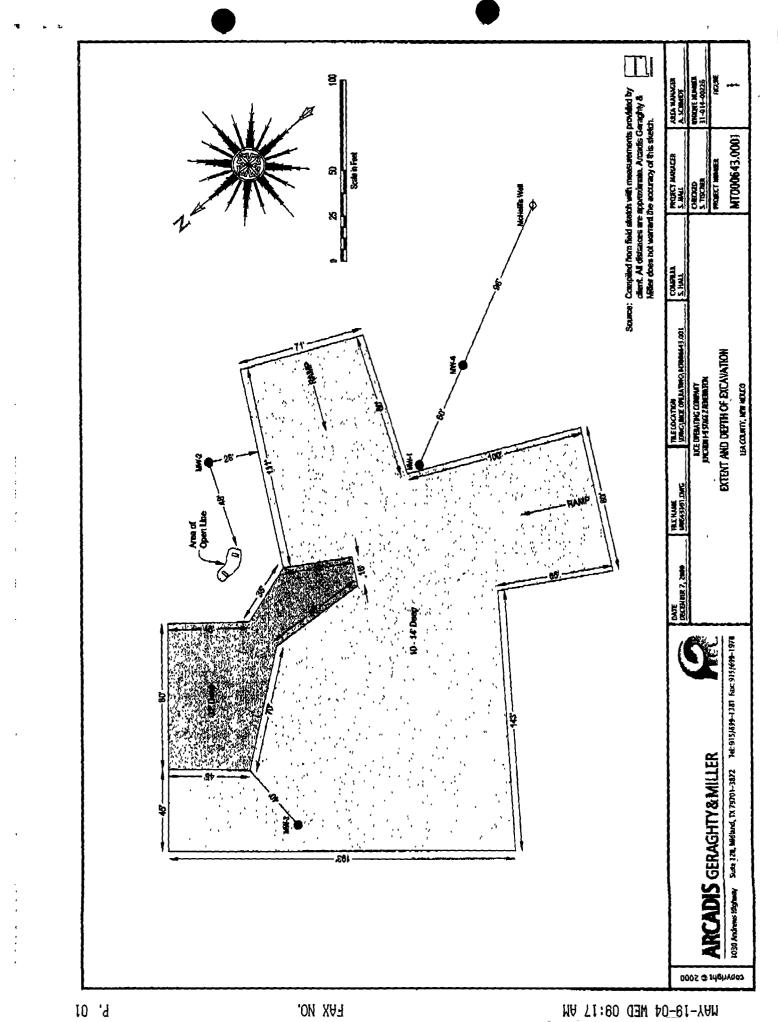
THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the roader of this message is not the inlended recipient, or the employee or agent responsible for delivering the message to the inlended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. pastal service.

Part of a bigger picture

P, 02

,ON XAA

MA 71:00 DEW 40-01-YAM



10 'd

Report Date: December 23, 2003 031208

Work Order: 3121019 Rice Kersey Chlorides Page Number: 1 of 2 Rice I-9 Kersey

Summary Report

Report Date: December 23, 2003 Work Order: 3121019

Project Location:Rice I-9 KerseyProject Name:Rice Kersey ChloridesProject Number:031208

Paul Sheeley

OCD-Hobbs 1625 N. French Dr.

Hobbs, NM 88240

		Date	Time	Date
Description	Matrix	Taken	Taken	Received
0312051130	water	2003-12-05	11:30	2003-12-10 RILE I-9
0312081430	water	2003-12-08	14:30	2003-12-10
0312081435	water	2003-12-08	14:35	2003-12-10
0312051135	soil	2003-12-05	11:35	2003-12-10 RICE I-9
	0312051130 0312081430 0312081435	0312051130 water 0312081430 water 0312081435 water	DescriptionMatrixTaken0312051130water2003-12-050312081430water2003-12-080312081435water2003-12-08	DescriptionMatrixTakenTaken0312051130water2003-12-0511:300312081430water2003-12-0814:300312081435water2003-12-0814:35

	· · · · · · · · · · · · · · · · · · ·		BTEX	
	Benzene	Toluene	Ethylbenzene	Xylene (isomers)
Sample - Field Code	(mg/L)	(mg/L)	(mg/L)	(mg/L)
22957 - 0312081435	< 0.00100	< 0.00100	<0.00100	<0.00100

Sample: 22955 - 0312051130

Param	Flag	Result	Units	RL
Chloride		182	mg/L	0.500

Sample: 22956 - 0312081430

ļ

Param	Flag	Result	Units	\mathbf{RL}
Hydroxide Alkalinity		<1.00	mg/L as CaCo3	1.00
Carbonate Alkalinity		<1.00	mg/L as CaCo3	1.00
Bicarbonate Alkalinity		158	mg/L as $CaCo3$	4.00
Total Alkalinity		158	mg/L as CaCo3	4.00
Dissolved Calcium		160	mg/L	0.500
Dissolved Potassium		6.73	mg/L	0.500
Dissolved Magnesium		25.4	mg/L	0.500
Dissolved Sodium		210	mg/L	0.500
Specific Conductance		2260	μ MHOS/cm	0.00
Chloride		578	mg/L	0.500
Fluoride		<1.00	mg/L	0.200
Sulfate		58.5	${ m mg/L}$	0.500
Nitrate-N		3.90	mg/L	0.200
		· · · · · · · · · · · · · · · · · · ·		continued

 $continued \ldots$

Report Date: December 23, 2003 031208		Work Order: 3121019 Rice Kersey Chlorides	-	umber: 2 of 2 ce I-9 Kersey
sample 22956 continued				
Param	Flag	Result	\mathbf{Units}	RL
pH	1	7.80	s.u.	0.00
Total Dissolved Solids		1314	mg/L	10.00

Sample: 22958 - 0312051135

Param	Flag	Result	Units	RL
Chloride		21.0	mg/Kg	1.00

¹received out of holding time TraceAnalysis, Inc. • 6701 Aberdeen Ave., Suite 9 • Lubbock, TX 79424-1515 • (806) 794-1296

2955-57 100006. Teas 7824. 100006. Teas 7824. 100000 784-1368 Tag (600) 784-1368 Tag (700) 784-136 Tag (700) 784-136 Tag (700) 784-14 Tag (700) 784-14 Ta

Ĺ

ļ



Infrastructure, buildings, environment, communications

Mr. Wayne Price New Mexico Oil Conservation Division 1220 S. Saint Francis Drive Santa Fe, New Mexico 87505

Subject:

<u>February 17, 2003 Request for Additional Information:</u> Revised Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Mr. Price:

On behalf of Rice Operating Company (ROC) ARCADIS G&M (ARCADIS) respectfully submits this response to your request for information dated February 17, 2003. The information provided here supplements the response sent to you on March 26, 2003 and is being provided to you by April 11, 2003 as indicated in our March 26 response.

4. Request – "ROC used the EPA HELP MODEL to determine the infiltration rate of .015 inches/year through the liner and backfilled soils. In order to assist OCD in determining the sensitivity of this parameter, please provide calculations showing the acceptable maximum soil concentration levels if a safety factor of ten (10x) were used. Please use .15 inches/year as a hypothetical infiltration rate and re-compute the groundwater dilution factor and apply it to the acceptable maximum soil concentration levels and provide the potential groundwater impact. Please provide this information before the hearing."

Response- As noted in the report, if the infiltration rate is 0.015 in/yr the maximum acceptable soil concentration is 1093 mg/kg. If the infiltration rate were 10 times higher the maximum acceptable soil concentration is 118.7 mg/kg. This concentration is approximately twice the levels in the proposed backfill soils (56.7 mg/kg) and approximately 40 percent less than the average sidewall and bottom soil concentrations (194 mg/kg).

5. Request – "ROC used a steady-state groundwater dilution equation to calculate potential groundwater impacts. A groundwater-mixing zone of 10 feet was selected. Please provide the OCD with a graph showing the mixing zone varying from 0-10 feet vs. computed groundwater impact concentration."

ARCADIS G&M, Inc. 1004 N. Big Spring Street Suite 300 Midland Texas 79701 Tel 432.687.5400 Fax 432.687.5401 www.arcadis-us.com

Environmental

Date: April 11, 2003

Contact: Sharon Hall

Phone: 432 687-5400

Email: shall@arcadis-us.com

Mr. Wayne Price April 11, 2003

Response- Attached is a figure illustrating the maximum allowable soil concentration versus the thickness of the mixing zone. At zero feet, the maximum soil concentration is only 10.4 mg/kg. The pore water concentration at this soil concentration equals the water quality criteria of 250 mg/l. At 10 feet, the soil concentration corresponds to the computed maximum acceptable soil concentration of 1093 mg/kg reported in AP-8.

6. Request- "The information submitted to OCD does not provide a breakthrough or mass depletion curve versus time. OCD assumes that the values presented in the model gives maximum peak concentration worst-case values. However, OCD would like to know what will be the estimated mass remaining vs. time. In other words, how long will monitoring be required? Please provide this information before the hearing."

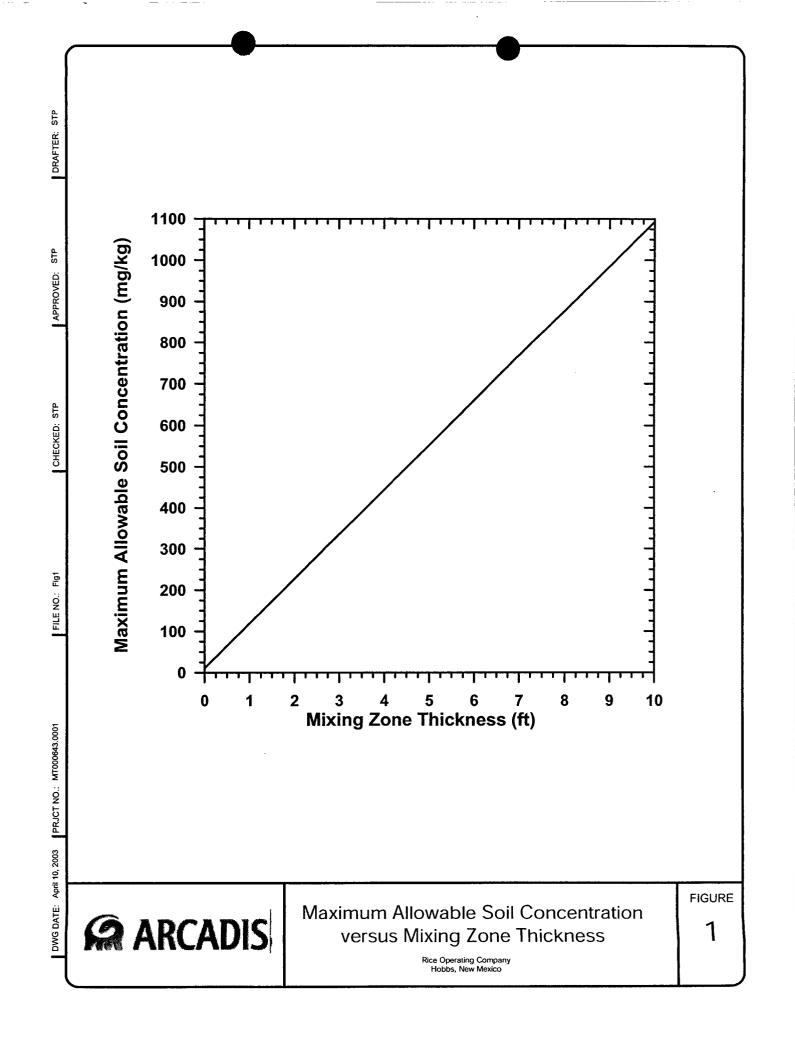
Response- The leaching analysis included with the AP-8 submittal assumes no dispersion and no adsorption. These assumptions allow the salt to migrate as a plug through the soil profile with the soil water. Therefore, the predicted time for excess chlorides to be leached is equal to the travel time of a drop of water through the vadose zone. At an infiltration rate 0.015 in/yr, and average moisture content of approximately field capacity (0.077), a drop of water would move vertically at approximately 0.2 in/yr. In the areas where soils were excavated 32 feet to the water , the backfilled soils will leach above background for 1920 years (192 years if the infiltration rate is 0.15 in/yr). In the areas excavated to 14 feet deep, it may take as long 1080 years (108 years at 0.15 in/yr) before chlorides from backfilled soils reach the water table and they would increase local chloride concentrations in groundwater for an additional 840 years (84 years at 0.15 in/yr).

If you have any questions or require additional information please do not hesitate to contact me at 915 687-5400.

Very truly yours,

ARCADIS G&M, Inc. Strem & Newf Sharon E. Hall Site Evaluation Department Manager

Copies: Carolyn Doran Haynes ROC Frank McCallum





NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON Governor Joanna Prukop Cabinet Secretary

April 4, 2003

Lori Wrotenbery Director Oil Conservation Division

Hon. Michael E. Stogner Hon. Rany Bayliss New Mexico Oil Conservation Division 1220 S. St. Francis Dr. Santa Fe, NM 87505

Re: Case No. 12919; Application of the New Mexico Oil Conservation Division Pursuant to Rule 19.G(3) ["Rice I-9"]

Dear Examiners Stogner and Bayliss:

This Division joins in Mr. Carr's request (by letter of April 2) for a pre-hearing conference.

At such a conference, the Division would like guidance on the issues and order of presentation. The Division's position on these matters is that the order of presentation should be as follows:

1. Rice should present evidence and argument justifying the adequacy of its abatement plan.

2. The Division staff should present evidence of, and justification for, any conditions or changes staff urges the examiners to require.

3. The protesting parties should present evidence of, and justification for, any additional conditions or changes they urge the examiners to require.

Division counsel is available at your convenience for such a conferece.

Should you have any questions, please call me at (505)-476-3450.

Very truly yours,

, avid K. Brook

David K. Brooks Assistant General Counsel

cc: William F. Car Holland & Hart P.O. Box 2208 Santa Fe, NM 87504

s

James P. Lyle 1162 2nd Street NW Albuquerque, NM 87102

Gary Don Reagan City of Hobbs 300 North Turner Hobbs, NM 88240

- ec: Roger Anderson OCD Santa Fe
- ec: Wayne Price OCD Santa Fe



DENVER • ASPEN BOULDER • COLORADO SPRINGS DENVER TECH CENTER BILLINGS • BOISE CHEYENNE • JACKSON HOLE SALT LAKE CITY • SANTA FE WASHINGTON, D.C. P.O. BOX 2208 SANTA FE, NEW MEXICO 87504-2208 110 NORTH GUADALUPE, SUITE 1 SANTA FE, NEW MEXICO 87501-6525

April 2, 2003

VIA HAND DELIVERY

Mr. Michael E. Stogner Mr. Randolph Bayliss Oil Conservation Division New Mexico Department of Energy, Minerals and Natural Resources 1200 South Saint Francis Drive Santa Fe, New Mexico 87505 TELEPHONE (505) 988-4421 FACSIMILE (505) 983-6043

William F. Carr

wcarr@hollandhart.com

RECEIVED

APR 2 2003

Oil Conservation Division

Re: <u>New Mexico Oil Conservation Division Case No. 12919</u>: Application of the New Mexico Oil Conservation Division for a public hearing pursuant to Rule 19.G (3) to consider the adequacy of a revised Stage 2 Abatement Plan, Lea County, New Mexico.

Dear Examiners Stogner and Bayliss:

Pursuant to the provisions of Division Rule 1211.B, Rice Operating Company hereby requests a Pre-Hearing Conference be scheduled at the earliest possible time in the above referenced case. A Pre-hearing Conference is needed to address the complete failure by the McNeill Ranch to comply with a subpoena issued by the Division and to arrange for an exchange of exhibits and identification of witnesses one week prior to the April 22, 2003 hearing in this case.

Very truly yours,

William F.^ICarr

cc: David K. Brooks Assistant General Counsel New Mexico Oil Conservation Division

> James P. Lyle, Esq. 116 2nd Street NW Albuquerque, New Mexico 87102



Michael E. Stogner, Randolph Bayliss April 2, 2003 Page 2

> Gary Don Reagan, Esq. City Attorney City of Hobbs 300 North Turner Hobbs, New Mexico 88240

Frank H. McCallum, Esq. Rice Operating Company 112 S. Loraine Street #500 Midland, TX 79701

Price, Wayne

From: Sent: To: Cc: Subject: Price, Wayne Monday, March 31, 2003 4:29 PM Carolyn Doran Haynes (E-mail) Sharon Hall (E-mail) Rice I-9 AP-8

OCD is in receipt of the response latter dated March 26, 2002. OCD accepts all of Rice's response except for Request # 1. (Groundwater Sampling). OCD hereby requires that Rice perform this sampling event. Please provide the results no latter than April 15, 2003.

Sincerely:

hup Pini

Wayne Price New Mexico Oil Conservation Division 1220 S. Saint Francis Drive Santa Fe, NM 87505 505-476-3487 fax: 505-476-3462 E-mail: WPRICE@state.nm.us



RECEIVED

Infrastructure, buildings, environment, communications

MAP 27 2003 Environmental Bureau Oll Conservation Division

ARCADIS G&M, Inc. 1004 N. Big Spring Street Suite 300 Midland Texas 79701 Tel 915.687.5400 Fax 915.687.5401 www.arcadis-us.com

Environmental

Date: March 26, 2003

Contact: Sharon Hall

Phone: 915 687-5400

Email: shall@arcadis-us.com

Mr. Wayne Price New Mexico Oil Conservation Division 1220 S. Saint Francis Drive Santa Fe, New Mexico 87505

Subject:

February 17, 2003 Request for Additional Information:

Revised Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Mr. Price:

On behalf of Rice Operating Company (ROC) ARCADIS G&M (ARCADIS) respectfully submits this response to your request for information dated February 17, 2003.

1. Request- "The OCD has not received any recent groundwater data and is concerned about the time lapsed from the last sampling event and possible contamination moving off-site. Therefore, OCD is requiring that ROC install at least three of the groundwater monitoring wells as proposed in the plan outside of the excavated area. Please install two down gradient and one up-gradient monitor well as soon as possible. These wells shall be located, constructed, developed, purged and sampled pursuant to ROC's submitted plans. All sampling shall be witnessed by OCD. Please submit the results before the Hearing."

Response- It is ROC's understanding that the monitoring wells would not be installed until ROC receives approval from the New Mexico Oil Conservation Division (NMOCD) that remediation of soils is complete and no further excavation is required. ROC requests clarification of this issue. ROC also needs to know if NMOCD is prepared to issue their approval that the proposed well locations will not require excavation.

Request - "The OCD noted that ROC proposed a clay liner with a permeability of 1 X 10⁻⁷ cm/sec, but actually used a number ten times less (1 X 10⁻⁸ cm/sec) in the EPA HELP Model (Hydrologic Evaluation of Landfill

Part of a bigger picture

Mr. Wayne Price March 26, 2003

Performance). This would require ROC to meet the more stringent permeability (1 X 10^{-8} cm/sec) for the constructed clay liner. OCD feels this may not be possible or practical. Please address this issue."

Response- It is ROC's intent to install a liner that achieves a permeability of 1×10^{-8} cm/sec as presented in the HELP model. If clay suitable to achieve this permeability is not readily available, the liner will be composed of poly liner material.

3. Request -"<u>City of Hobbs Stormwater Run-off</u>: ROC's latest response indicated that no modifications to the workplan are necessary. After a recent visit, the OCD has determined that there is a possible drainage pathway from the City of Hobbs stormwater retention basin to the ROC remediation site. This pathway runs southeast from the basin to the site. Therefore, please provide a technical basis for your decision including flood plain maps, drainage pathways, and methods to prevent ponding, erosion, etc. This information shall be submitted before the hearing."

Response- ROC has reviewed the aerial photographic obtained from the City of Hobbs and the topographic map of the site. The liner will be constructed with slopes to allow water to run-off the liner rather than collect. Particular attention will be paid to the northwest slope as run-off from the retention basin (located approximately 2000 feet northwest of the site) would likely occur from this direction.

4. **Request** –"ROC used the EPA HELP MODEL to determine the infiltration rate of .015 inches/year through the liner and backfilled soils. In order to assist OCD in determining the sensitivity of this parameter, please provide calculations showing the acceptable maximum soil concentration levels if a safety factor of ten (10x) were used. Please use .15 inches/year as a hypothetical infiltration rate and re-compute the groundwater dilution factor and apply it to the acceptable maximum soil concentration levels and provide the potential groundwater impact. Please provide this information before the hearing."

Response- This information will be provided to NMOCD by April 11, 2003.



Mr. Wayne Price March 26, 2003

5. Request -- "ROC used a steady-state groundwater dilution equation to calculate potential groundwater impacts. A groundwater-mixing zone of 10 feet was selected. Please provide the OCD with a graph showing the mixing zone varying from 0-10 feet <u>vs</u>. computed groundwater impact concentration."

Response- This information will be provided to NMOCD by April 11, 2003.

6. **Request-** "The information submitted to OCD does not provide a breakthrough or mass depletion curve versus time. OCD assumes that the values presented in the model gives maximum peak concentration worst-case values. However, OCD would like to know what will be the estimated mass remaining vs. time. In other words, how long will monitoring be required? Please provide this information before the hearing."

Response- This information will be provided to NMOCD by April 11, 2003.

If you have any questions or require additional information please do not hesitate to contact me at 915 687-5400.

Very truly yours,

ARCADIS G&M, Inc.

Sham Ettel

Sharon E. Hall Site Evaluation Department Manager

Copies: Carolyn Doran Haynes ROC Frank McCallum



NEW MCXICO ENERGY, MILERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON Governor Joanna Prukop Cabinet Secretary

February 17, 2003

Lori Wrotenbery Director Oil Conservation Division

<u>CERTIFIED MAIL</u> <u>RETURN RECEIPT NO. 3929 9772</u>

Carolyn Doran Haynes Operations Engineer Rice Operating Company (ROC) 122 West Taylor Hobbs, New Mexico 88240

RE: <u>Request for Additional Information:</u> Revised Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) Environmental Bureau has been notified that the Oil Conservation Commission Hearing Case No. 12819 concerning the Rice Operating Company (ROC) "Revised Stage 2 Abatement Plan (AP-8)" has again been postponed for sometime in April of 2003. Please note the OCD has the following concerns:

- 1. The OCD has not received any recent groundwater data and is concerned about the time lapsed from the last sampling event and possible contamination moving off-site. Therefore, OCD is requiring that ROC install at least three of the groundwater monitoring wells as proposed in the plan outside of the excavated area. Please install two down gradient and one up-gradient monitor well as soon as possible. These wells shall be located, constructed, developed, purged and sampled pursuant to ROC's submitted plans. All sampling shall be witnessed by OCD. Please submit the results before the Hearing.
- 2. The OCD noted that ROC proposed a clay liner with a permeability of 1 X 10⁻⁷ cm/sec, but actually used a number ten times less (1 X 10⁻⁸ cm/sec) in the EPA HELP Model (Hydrologic Evaluation of Landfill Performance). This would require ROC to meet the more stringent permeability (1 X 10⁻⁸ cm/sec) for the constructed clay liner. OCD feels this may not be possible or practical. Please address this issue.

Oil Conservation Division * 1220 South St. Francis Drive * Santa Fe, New Mexico 87505 Phone: (505) 476-3440 * Fax (505) 476-3462 * <u>http://www.emnrd.state.nm.us</u>

- Carolyn Doran Haynes February 17, 200 Page 2
 - 3. <u>City of Hobbs Stormwater Run-off:</u> ROC's latest response indicated that no modifications to the workplan are necessary. After a recent visit, the OCD has determined that there is a possible drainage pathway from the city of Hobbs stormwater retention basin to the ROC remediation site. This pathway runs southeast from the basin to the site. Therefore, please provide a technical basis for your decision including flood plain maps, drainage pathways, and methods to prevent ponding, erosion, etc. This information shall be submitted before the hearing.
 - 4. ROC used the EPA HELP MODEL to determine the infiltration rate of .015 inches/year through the liner and backfilled soils. In order to assist OCD in determining the sensitivity of this parameter, please provide calculations showing the acceptable maximum soil concentration levels if a safety factor of ten (10x) were used. Please use .15 inches/year as a hypothetical infiltration rate and recompute the groundwater dilution factor and apply it to the acceptable maximum soil concentration levels and provide the potential groundwater impact. Please provide this information before the hearing.
 - 5. ROC used a steady-state groundwater dilution equation to calculate potential groundwater impacts. A groundwater-mixing zone of 10 feet was selected. Please provide the OCD with a graph showing the mixing zone varying from 0-10 feet <u>vs</u>. computed groundwater impact concentration.
 - 6. The information submitted to OCD does not provide a breakthrough or mass depletion curve versus time. OCD assumes that the values presented in the model gives maximum peak concentration worst-case values. However, OCD would like to know what will be the estimated mass remaining vs. time. In other words, how long will monitoring be required? Please provide this information before the hearing.

If you have any questions please do not hesitate to contact me at 505-476-3487 or E-mail WPRICE@state.nm.us.

Sincerely,

7 Jaims Price

Wayne Price- Engineer

CC: Chris Williams, OCD Hobbs District Supervisor Bill McNeill-Landowner James P. Lyle-Attorney Gary Don Reagan-Hobbs City Attorney Sharon E. Hall, Arcadis Geraghty & Miller David Brooks-OCD Legal Counsel Roger C. Anderson- OCD Environmental Bureau Chief

.

Price, Wayne

From: Sent: To: Subject: Brooks, David K Thursday, January 30, 2003 3:09 PM Stogner, Michael; Bayliss, Randy; Price, Wayne Case No. 12819 - Rice I-9

Gentlemen:

As I expected, once I announced a setting of the referenced matter of February 25, Mr. Lyle requested further delay, again pleading his trial schedule.

He is now requesting a setting in mid to late April.

I want Lyle to participate, so let me know about available dates in April. Once we have a date, I would like the examiners to write to counsel and set a date. It will be my position that I will not thereafter agree to any more continuances, and the examiners will have to rule on further requests.

Please indicate any limitations on your schedules in April; then I will check dates with Bill Carr. Thereafter, I will let you know the specific date when I will request a setting.

DB



NEW MEXICO ENERGY, MMERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Betty Rivera Cabinet Secretary

Holland & Holland L.L.P.

Santa Fe, New Mexico 87504-2208

Albuquerque, New Mexico 87102

Gary Don Reagan, City Attorney

Hobbs, New Mexico 88240

James P. Lyle, Legal Counsel for Bill McNeill

Attention:

P. O. Box 2208

1116 2nd NW

City of Hobbs 300 North Turner October 23, 2002

Lori Wrotenbery Director Oil Conservation Division

÷

New Mexico Oil Conservation DivisionAttention:David K. Brooks, Assistant General Counsel1220 South Saint Francis DriveSanta Fe, New Mexico 87505-5472

Telefax No. (505) 476-3462

DKBrooks@state.nm.us

nd L.L.P. Telefax No. (505) 983-6043 William F. Carr, Legal Counsel for Rice Operating Company

wcarr@hollandhart.com 🕤

Telefax No. (505) 843-8043

pennname@prodigy.net

Telefax No. (505) 397-0379

aallen@hobbsnm.org

Re: Case No. 12,919: Application of the New Mexico Oil Conservation Division ("Division") for a public hearing pursuant to Rule 19.G (3) to consider the adequacy of a revised Stage 2 Abatement Plan, Lea County, New Mexico.

Dear Messrs. Brooks, Carr, Lyle, and Reagan:

Reference is made to Mr. Lyle's most recent letter dated October 2, 2002 (see copy attached), due to my work schedule and other pressing matters that require my attention and the work schedules of others within the Division, this matter will not be heard in 2002. I suggest we have a meeting sometime after January 6, 2003 in order to determine a date to hear this case. I pass the responsibility of arranging this pre-hearing meeting to the representing attorneys.

This matter is hereby continued from the special November 6, 2002 hearing to a date to be determined at a later time. Thank you for your understanding and cooperation.

Sincerely,

Michael E. Stogner Chief Hearing Officer/Engineer

 Randolph Bayliss, Co-Examiner – NMOCD, Santa Fe New Mexico Oil Conservation Division - Hobbs Case File 12,919 Florene Davidson - NMOCD, Santa Fe Kathy Valdes - NMOCD, Santa Fe

> Oil Conservation Division * 1220 South St. Francis Drive * Santa Fe, New Mexico 87505 Phone: (505) 476-3440 * Fax (505) 476-3462 * <u>http://www.emnrd.state.nm.us</u>

cc:

Law Offices of James P. Lyle, P.C.



James P. Lyle, Esquire Judith M. Seff, Paralegal

125

October 2, 2002

Michael E. Stogner Chief Hearing Officer/Engineer N.M. Energy, Minerals and Natural Resources Department 1220 South St. Francis Drive Santa Fe, NM 87505

> RE: Case No. 12,919: Application of the New Mexico Oil Conservation Division ("Division")_For A Public Hearing Pursuant to Rule 19.6(3) To Consider The Adequacy of a Revised Stage 2 Abatement Plan, Lea County, New Mexico

Dear Mr. Stogner:

Pursuant to 19 NMAC 15.N.1203, I am requesting that a new hearing date be scheduled in this matter. I hope that this request will be honored given that the hearing has been twice rescheduled already by the Commission. The most recent Notice of Hearing we received moved the matter from October 22, 2002 to November 6, 2002. Mr. McNeill will be out of State the entire week of November 4, 2002 and cannot attend the hearing as scheduled in the most recent Notice.

Please let me know at the earliest convenience if there will be any difficulty in honoring this request. I look forward to hearing from you.

Very truly yours,

LAW OFFICES OF JAMES P. LYLE, P.C. James P. Lyle

JPL/jms

cc: David K. Brooks, NMOCD William F. Carr, Esquire Gary Don Reagan, Esquire Randolph Bayliss, NMOCD Florene Davidson, NMOCD Kathy Valdes, NMOCD

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

APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION, THROUGH THE ENVIRONMENTAL BUREAU CHIEF, FOR A PUBLIC HEARING PURSUANT TO RULE 19.G(3) TO CONSIDER THE ADEQUACY OF A REVISED STAGE 2 ABATEMENT PLAN; LEA COUNTY, NEW MEXICO

CASE NO.

APPLICATION FOR PUBLIC HEARING TO REVIEW ABATEMENT PLAN

1. Rice Operating Company ("Rice") is the operator of the Hobbs Salt Water Disposal System in Lea County, New Mexico.

2. On October 20, 1998 Rice discovered hydrocarbon-impacted ground water at the site of an earlier (June 5, 1998) release occasioned by a leak from its system. The site of the release and contamination is located in the NE/4 SE/4 (Unit I) of Section 9, Township 19 South, Range 38 East, in Lea County, New Mexico (the "Junction I-9 Release site"). Rice reported the contamination to the New Mexico Oil Conservation Division ("OCD") on October 22, 1998.

3. Pursuant to OCD Rule 19 [19 NMAC 15.A.19], OCD required Rice to submit an abatement plan. Rice submitted its Stage 1 (investigatory) abatement plan on January 19, 1999, and OCD approved the same. On November 19, 1999, following review of the results of the Stage 1 abatement plan, OCD required Rice to submit a Stage 2 (remedial) abatement plan. 4. Rice submitted its initial Stage 2 abatement plan on January 10, 2000. Following extended review and negotiations, Rice submitted its revised Stage 2 abatement plan (the "Revised Stage 2 Abatement Plan") on December 13, 2001.

5. On January 29, 2002, OCD received formal requests for a public hearing on the Revised Stage 2 Abatement Plan from the McNeill Ranch (through James P. Lyle, attorney) and from the City of Hobbs, New Mexico.

6. On May 9, 2002 OCD determined that the Revised Stage 2 Abatement Plan was administratively complete. On May 28, 2002 notice of the Revised Stage 2 Abatement Plan was published as required by Rule 19.G(2) [19 NMAC 15.A.19.G(2)].

7. On May 24, 2002 William F. McNeill and attorney, James P. Lyle filed additional requests for a public hearing on the Revised Stage 2 Abatement Plan. The Director determined, pursuant to Rule 19.G(3) [19 NMAC 15.A.19.G(3)] that there existed significant public interest.

8. The OCD staff, through the Environmental Bureau Chief, recommends that the Revised Stage 2 Abatement Plan be approved subject to the conditions set forth in Exhibit A hereto (which exhibit is by this reference incorporated into and made a part of this Application for all purposes).

WHEREFORE, the Environmental Bureau Chief of the Division hereby applies to the Director to:

A. Schedule a public hearing before a duly appointed hearing examiner, upon proper notice as provided in Rules 1204 and 1207 [19 NMAC 15.N.1204

and 1207], to consider the adequacy of the Revised Stage 2 Abatement Plan.

- B. Notify Rice to appear before the examiner at the hearing and then and there to demonstrate the adequacy of the Revised Stage 2 Abatement Plan.
- C. After notice and hearing as above requested, enter an order approving the Revised Stage 2 Abatement Plan subject to the conditions set forth in Exhibit A, and/or to such other and further conditions, either in addition to or in lieu thereof, as the Director deems appropriate.
- D. Alternatively, enter an order pursuant to Rule 19.H(4) [19 NMAC
 15.A.19.H(4)] identifying deficiencies in the Revised Stage 2 Abatement
 Plan and directing Rice to submit a modified plan as in said Rule
 provided.
- E. Order such other and further relief, either supplemental or alternative, as the Director deems appropriate.

RESPECTFULLY SUBMITTED,

David K. Brooks Assistant General Counsel Energy, Minerals and Natural Resources Department of the State of New Mexico 1220 S. St. Francis Drive Santa Fe, NM 87505 (505)-476-3450 Attorney for The New Mexico Oil Conservation Division

EXHIBIT A

<u>to</u>

APPLICATION FOR PUBLIC HEARING TO REVIEW ABATEMENT PLAN

NMOCD Administrative Review of Rice Operating Company Junction I9 Site Revised Stage 2 Abatement Plan

The New Mexico Oil Conservation Division (OCD) has completed a review of the following Rice Operating Company (ROC) documents:

- June 14, 2002 Stage II Abatement Plan Revision Proposal Proof of Public Notice.
- March 08, 2002 Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico.
- December 13, 2001 Junction I-9 Revised Stage 2 Abatement Plan Request from NMOCD.
- November 14, 2001 modeling information supplied during technical meeting held in Santa Fe, NM.
- August 21, 2001 Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site.
- May 15, 2001 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- March 30, 2001 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- December 13, 2000 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- March 31, 2002 Stage II Abatement Plan (AP-8) Junction I-9 Release Site. (Proof of Public Notice)
- January 10, 2000 Stage II Abatement Plan Proposal letter and Stage 2 Abatement Plan Proposal, Junction I-9 Release site.

These documents contain ROC's Proposal for remediation of soil and ground water contamination related to the Junction I-9 Release Site located in the NE/4

SE/4 Section 09-Ts19s-R38e Lea County, New Mexico and proof of public notice of the plan. The Stage 2 Abatement Plan (AP-8) for the ROC Junction I-9 Release Site as contained in the above-referenced documents is hereby approved with the following conditions:

- 1. Stage 2 activities shall start no later than 30 days after ROC is in receipt of final stage 2 approval.
- 2. ROC will notify the OCD Santa Fe office and the OCD District office at least 72 hours in advance of all scheduled activities such that the OCD has the opportunity to witness the events and/or split samples during OCD's normal business hours.
- 3. Representative composite samples shall be collected from each level of excavtion and walls and analyzed for total petroleum hydrocarbons (TPH) EPA method 8015 (DRO+GRO) or 418.1, BTEX method 8021 or 8260, general chemistry and WQCC metals using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 4. Each blended backfill lift shall be compacted to prevent future subsidence. In addition, a composite representative soil sample shall be collected from each lift and analyzed for total petroleum hydrocarbons (TPH) EPA method 8015 (DRO+GRO) or 418.1, BTEX method 8021 or 8260, general chemistry and WQCC metals using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 5. Soils used for backfill or contaminated soils left in place shall not exceed the standards found in the NMOCD "Guidelines for Remediation of Leaks, Spills and Releases" as proposed by ROC in the December 13, 2000 submittal. In addition, blended backfill soils placed between the clay liners shall not exceed 1099 mg/kg of chlorides as proposed by ROC in the December 13, 2001 submittal, and all other contaminated soils outside of the liner system that exceed 250 mg/kg of chlorides shall be excavated and removed as proposed by ROC in the March 08, 2002 submittal.
- 6. The clay liners shall be installed pursuant to ROC's proposal dated December 13, 2001 item # 4. In addition, the top liner shall extend a minimum of 20 feet beyond the edge of the bottom liner in order to prevent lateral infiltration between the liners. The permeability of the liners shall be no greater than 1×10^{-8} cm/sec as proposed in the model

percolation estimate attachment "B". Field test shall be conducted to verify the liner permeability.

- 7. Written approval from OCD shall be received before backfilling or covering any excavated area or clay liner. The top clay liner shall have an adequate slope to drain subsurface soils that may become saturated.
- 8. Proposed monitoring and recovery Wells shall be located, constructed, developed, purged, and sampled as outlined in the plan.
- 9. No less than 48 hours after the well(s) are developed, ground water from all monitor well(s) shall be purged, sampled and analyzed for concentrations of benzene, toluene, ethylbenzene, xylene, polycyclic aromatic hydrocarbons (PAH), total dissolved solids (TDS) and New Mexico Water Quality Control Commission (WQCC) metals and major cations and anions using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 10. All wastes generated during the investigation shall be disposed of at an OCD approved facility.
- 11. ROC shall submit a report by December 30, 2002 to the OCD Santa Fe office with a copy provided to the OCD Hobbs District Office describing the results of the work performed and shall include the following information:
 - a. A description of all investigation, remediation, monitoring activities, including photo documentation, conclusions and recommendations.
 - b. A geologic/lithologic log and well completion diagram for each monitor well.
 - c. A water table potentiometric map showing the location of the leaks and spills, excavated areas, monitor wells, and any other pertinent site features as well as the direction and magnitude of the hydraulic gradient.
 - d. Isopleth maps for contaminants of concern which were observed during the investigations.
 - e. Summary tables of all ground water quality sampling results and copies of all laboratory analytical data sheets and associated QA/QC data taken within the past year. A quarterly groundwater-sampling schedule for OCD approval.

- f. The quantity and disposition of all recovered product and/or wastes generated.
- g. A detailed scaled site map showing all major features such as the center and corners of the buried liner, all wells, etc. The map shall have at least one GPS coordinate for the center of the site over the liner system.
- 12. Contamination found beyond the most down gradient recovery system and or monitoring wells that exceed the Water Quality Control Commission Regulation (WQCC) groundwater standards shall require immediate corrective action. ROC shall submit a corrective action plan within 30 days of discovery.

Please be advised that OCD approval does not relieve ROC of responsibility if contamination exists which is outside the scope of the plan; if the plan fails to adequately remediate contamination related to ROC's activities; or if the plan fails to protect public health. In addition, OCD approval does not relieve ROC of responsibility for compliance with any other federal, state or local laws and regulations.



Case No._____: Application of the New Mexico Oil Conservation Division for a Public Hearing Pursuant to Rule 19.G(3) to Consider the Adequacy of a Revised Stage 2 Abatement Plan; Lea County, New Mexico. The Applicant asks the Director to set a public hearing to review the adequacy of the Revised Stage 2 Abatement Plan submitted by Rice Operating Company for abatement of ground water contamination at the Junction I9 Release Site in the NE/4 SE/4 (Unit I) of Section 9, Township 19 South, Range 38 East, in Lea County, New Mexico. The Applicant will recommend approval of the Revised Stage 2 Abatement Plan subject to conditions set forth in the Application. The documents constituting the Revised Stage 2 Abatement Plan are on file at the Santa Fe office of the Division at 1220 S. Saint Francis Drive, 3rd Floor, in Santa Fe, New Mexico, and may be examined by interested persons during ordinary business hours.



Wayne I sent out notices to 207 recipients on our mailing list of the Aug 22 hearing. Enclosed we each notice was a copy of the application, including Eihibit A thereto, which was excerpted from your draft administrative approval letter. I did not, herveres, send out the administrative approval letter That remains to be ibelf. done

brasmuch as you were not here to help w/ preparing the notices, I included your name and phone # in the notice letter as the contact person for questions.

DRAFT

July 02, 2002

CERTIFIED MAIL RETURN RECEIPT NO. 5357 6891

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Revised Stage 2 Abatement Plan (AP-8)

Junction I-9 Release Site NE/4 SE/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) has completed a review of the following Rice Operating Company (ROC) documents:

- June 14, 2002 Stage II Abatement Plan Revision Proposal Proof of Public Notice.
- March 08, 2002 Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico.
- December 13, 2001 Junction I-9 Revised Stage 2 Abatement Plan Request from NMOCD.
- November 14, 2001 modeling information supplied during technical meeting held in Santa Fe, NM.

- August 21, 2001 Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site.
- May 15, 2001 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- March 30, 2001 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- December 13, 2000 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- March 31, 2002 Stage II Abatement Plan (AP-8) Junction I-9 Release Site. (Proof of Public Notice)
- January 10, 2000 Stage II Abatement Plan Proposal letter and Stage 2 Abatement Plan Proposal, Junction I-9 Release site.

These documents contain ROC's Proposal for remediation of soil and ground water contamination related to the Junction I-9 Release Site located in the NE/4 SE/4 Section 09-Ts19s-R38e Lea County, New Mexico and proof of public notice of the plan. The Stage 2 Abatement Plan (AP-8) for the ROC Junction I-9 Release Site as contained in the above-referenced documents is hereby approved with the following conditions:

- 1. Stage 2 activities shall start no later than 30 days after ROC is in receipt of final stage 2 approval.
- 2. ROC will notify the OCD Santa Fe office and the OCD District office at least 72 hours in advance of all scheduled activities such that the OCD has the opportunity to witness the events and/or split samples during OCD's normal business hours.
- 3. Representative composite samples shall be collected from each level of excavtion and walls and analyzed for total petroleum hydrocarbons (TPH) EPA method 8015 (DRO+GRO) or 418.1, BTEX method 8021 or 8260, general chemistry and WQCC metals using EPA approved methods and quality assurance/quality control (QA/QC) procedures.

- 4. Each blended backfill lift shall be compacted to prevent future subsidence. In addition, a composite representative soil sample shall be collected from each lift and analyzed for total petroleum hydrocarbons (TPH) EPA method 8015 (DRO+GRO) or 418.1, BTEX method 8021 or 8260, general chemistry and WQCC metals using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 5. Soils used for backfill or contaminated soils left in place shall not exceed the standards found in the NMOCD "Guidelines for Remediation of Leaks, Spills and Releases" as proposed by ROC in the December 13, 2000 submittal. In addition, blended backfill soils placed between the clay liners shall not exceed 1099 mg/kg of chlorides as proposed by ROC in the December 13, 2001 submittal, and all other contaminated soils outside of the liner system that exceed 250 mg/kg of chlorides shall be excavated and removed as proposed by ROC in the March 08, 2002 submittal.
- 6. The clay liners shall be installed pursuant to ROC's proposal dated December 13, 2001 item # 4. In addition, the top liner shall extend a minimum of 20 feet beyond the edge of the bottom liner in order to prevent lateral infiltration between the liners. The permeability of the liners shall be no greater than 1x10⁻⁸ cm/sec as proposed in the model percolation estimate attachment "B". Field test shall be conducted to verify the liner permeability.
- 7. Written approval from OCD shall be received before backfilling or covering any excavated area or clay liner. The top clay liner shall have an adequate slope to drain subsurface soils that may become saturated.
- 8. Proposed monitoring and recovery Wells shall be located, constructed, developed, purged, and sampled as outlined in the plan.
- 9. No less than 48 hours after the well(s) are developed, ground water from all monitor well(s) shall be purged, sampled and analyzed for concentrations of benzene, toluene, ethylbenzene, xylene, polycyclic aromatic hydrocarbons (PAH), total dissolved solids (TDS) and New Mexico Water Quality Control Commission (WQCC) metals and major cations and anions using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 10. All wastes generated during the investigation shall be disposed of at an OCD approved facility.



- 11. ROC shall submit a report by December 30, 2002 to the OCD Santa Fe office with a copy provided to the OCD Hobbs District Office describing the results of the work performed and shall include the following information:
 - a. A description of all investigation, remediation, monitoring activities, including photo documentation, conclusions and recommendations.
 - b. A geologic/lithologic log and well completion diagram for each monitor well.
 - c. A water table potentiometric map showing the location of the leaks and spills, excavated areas, monitor wells, and any other pertinent site features as well as the direction and magnitude of the hydraulic gradient.
 - d. Isopleth maps for contaminants of concern which were observed during the investigations.
 - e. Summary tables of all ground water quality sampling results and copies of all laboratory analytical data sheets and associated QA/QC data taken within the past year. A quarterly groundwater-sampling schedule for OCD approval.
 - f. The quantity and disposition of all recovered product and/or wastes generated.
 - g. A detailed scaled site map showing all major features such as the center and corners of the buried liner, all wells, etc. The map shall have at least one GPS coordinate for the center of the site over the liner system.
- 12. Contamination found beyond the most down gradient recovery system and or monitoring wells that exceed the Water Quality Control Commission Regulation (WQCC) groundwater standards shall require immediate corrective action. ROC shall submit a corrective action plan within 30 days of discovery.

Please be advised that OCD approval does not relieve ROC of responsibility if contamination exists which is outside the scope of the plan; if the plan fails to adequately remediate contamination related to ROC's activities; or if the plan fails to protect public health. In addition, OCD approval does not relieve ROC of responsibility for compliance with any other federal, state or local laws and regulations.



If you have any questions, please contact Wayne Price of my staff at (505) 476-3487 or E-mail <u>wprice@state.nm.us</u>.

Sincerely,

Roger C. Anderson Environmental Bureau Chief

 xc: Chris Williams, OCD Hobbs District Supervisor Bill McNeill James P. Lyle-Attorney Gary Don Reagan-Hobbs City Attorney Sharon E. Hall, Arcadis Geraghty & Miller Mr. Bill McNeill P.O. Box 1058 Hobbs, NM 88241

Gary Don Reagan-Attorney City of Hobbs 300 N. Turner Hobbs, NM 88240

James P. Lyle Law Offices 1116 2nd street NW Albuquerque, NM 87102



July 02, 2002

CERTIFIED MAIL RETURN RECEIPT NO. 5357 6891

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Revised Stage 2 Abatement Plan (AP-8)

Junction I-9 Release Site NE/4 SE/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) has completed a review of the following Rice Operating Company (ROC) documents:

- June 14, 2002 Stage II Abatement Plan Revision Proposal Proof of Public Notice.
- March 08, 2002 Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico.
- December 13, 2001 Junction I-9 Revised Stage 2 Abatement Plan Request from NMOCD.
- November 14, 2001 modeling information supplied during technical meeting held in Santa Fe, NM.

- August 21, 2001 Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site.
- May 15, 2001 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- March 30, 2001 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- December 13, 2000 Revised Stage 2 Abatement Plan Additional Request, Junction I-9 Site; Hobbs, New Mexico.
- March 31, 2002 Stage II Abatement Plan (AP-8) Junction I-9 Release Site. (Proof of Public Notice)
- January 10, 2000 Stage II Abatement Plan Proposal letter and Stage 2 Abatement Plan Proposal, Junction I-9 Release site.

These documents contain ROC's Proposal for remediation of soil and ground water contamination related to the Junction I-9 Release Site located in the NE/4 SE/4 Section 09-Ts19s-R38e Lea County, New Mexico and proof of public notice of the plan. The Stage 2 Abatement Plan (AP-8) for the ROC Junction I-9 Release Site as contained in the above-referenced documents is hereby approved with the following conditions:

- 1. Stage 2 activities shall start no later than 30 days after ROC is in receipt of final stage 2 approval.
- 2. ROC will notify the OCD Santa Fe office and the OCD District office at least 72 hours in advance of all scheduled activities such that the OCD has the opportunity to witness the events and/or split samples during OCD's normal business hours.
- Representative composite samples shall be collected from each level of excavtion and walls and analyzed for total petroleum hydrocarbons (TPH) EPA method 8015 (DRO+GRO) or 418.1, BTEX method 8021 or 8260, general chemistry and WQCC metals using EPA approved methods and quality assurance/quality control (QA/QC) procedures.

- 4. Each blended backfill lift shall be compacted to prevent future subsidence. In addition, a composite representative soil sample shall be collected from each lift and analyzed for total petroleum hydrocarbons (TPH) EPA method 8015 (DRO+GRO) or 418.1, BTEX method 8021 or 8260, general chemistry and WQCC metals using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 5. Soils used for backfill or contaminated soils left in place shall not exceed the standards found in the NMOCD "Guidelines for Remediation of Leaks, Spills and Releases" as proposed by ROC in the December 13, 2000 submittal. In addition, blended backfill soils placed between the clay liners shall not exceed 1099 mg/kg of chlorides as proposed by ROC in the December 13, 2001 submittal, and all other contaminated soils outside of the liner system that exceed 250 mg/kg of chlorides shall be excavated and removed as proposed by ROC in the March 08, 2002 submittal.
- 6. The clay liners shall be installed pursuant to ROC's proposal dated December 13, 2001 item # 4. In addition, the top liner shall extend a minimum of 20 feet beyond the edge of the bottom liner in order to prevent lateral infiltration between the liners. The permeability of the liners shall be no greater than 1x10⁻⁸ cm/sec as proposed in the model percolation estimate attachment "B". Field test shall be conducted to verify the liner permeability.
- 7. Written approval from OCD shall be received before backfilling or covering any excavated area or clay liner. The top clay liner shall have an adequate slope to drain subsurface soils that may become saturated.
- 8. Proposed monitoring and recovery Wells shall be located, constructed, developed, purged, and sampled as outlined in the plan.
- 9. No less than 48 hours after the well(s) are developed, ground water from all monitor well(s) shall be purged, sampled and analyzed for concentrations of benzene, toluene, ethylbenzene, xylene, polycyclic aromatic hydrocarbons (PAH), total dissolved solids (TDS) and New Mexico Water Quality Control Commission (WQCC) metals and major cations and anions using EPA approved methods and quality assurance/quality control (QA/QC) procedures.
- 10. All wastes generated during the investigation shall be disposed of at an OCD approved facility.

- 11. ROC shall submit a report by December 30, 2002 to the OCD Santa Fe office with a copy provided to the OCD Hobbs District Office describing the results of the work performed and shall include the following information:
 - a. A description of all investigation, remediation, monitoring activities, including photo documentation, conclusions and recommendations.
 - b. A geologic/lithologic log and well completion diagram for each monitor well.
 - c. A water table potentiometric map showing the location of the leaks and spills, excavated areas, monitor wells, and any other pertinent site features as well as the direction and magnitude of the hydraulic gradient.
 - d. Isopleth maps for contaminants of concern which were observed during the investigations.
 - e. Summary tables of all ground water quality sampling results and copies of all laboratory analytical data sheets and associated QA/QC data taken within the past year. A quarterly groundwater-sampling schedule for OCD approval.
 - f. The quantity and disposition of all recovered product and/or wastes generated.
 - g. A detailed scaled site map showing all major features such as the center and corners of the buried liner, all wells, etc. The map shall have at least one GPS coordinate for the center of the site over the liner system.
- 12. Contamination found beyond the most down gradient recovery system and or monitoring wells that exceed the Water Quality Control Commission Regulation (WQCC) groundwater standards shall require immediate corrective action. ROC shall submit a corrective action plan within 30 days of discovery.

Please be advised that OCD approval does not relieve ROC of responsibility if contamination exists which is outside the scope of the plan; if the plan fails to adequately remediate contamination related to ROC's activities; or if the plan fails to protect public health. In addition, OCD approval does not relieve ROC of responsibility for compliance with any other federal, state or local laws and regulations.

If you have any questions, please contact Wayne Price of my staff at (505) 476-3487 or Email <u>wprice@state.nm.us</u>.

Sincerely,

Roger C. Anderson Environmental Bureau Chief

 xc: Chris Williams, OCD Hobbs District Supervisor Bill McNeill James P. Lyle-Attorney Gary Don Reagan-Hobbs City Attorney Sharon E. Hall, Arcadis Geraghty & Miller Mr. Bill McNeill P.O. Box 1058 Hobbs, NM 88241

Gary Don Reagan-Attorney City of Hobbs 300 N. Turner Hobbs, NM 88240 ----

James P. Lyle Law Offices 1116 2nd street NW Albuquerque, NM 87102

NVELOPE UDRESS. IE		с -0	6891	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
P OF E URN A ED LIN			23E3	Postage Certified Fee	\$	
CKER AT TO GHT OF RET LD AT DOTT		11	2700	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
PLACE STIC TO THE RIC FOI		r-	1670	Total Postage & Fees Sent To	\$	
			2000	Street, Apt. No.; or PO Box No. City, State, ZIP+4		
				PS Form 3800, May 2000		See Reverse for Instructions

RICE Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

CERTIFIED MAIL RETURN RECEIPT NO. 7002 0510 0000 9384 6041

June 14, 2002

Mr. Wayne Price NM Energy, Minerals, and Natural Resources Department Oil Conservation Division, Environmental Bureau 1220 S. St. Francis Drive Santa Fe, NM 87504

RECEIVED JUN 18 2002 Environmental Bureau Oil Conservation Division

RE:

Stage II Abatement Plan Revision Proposal Junction I-9 Release Site Unit Letter I, Section 9 of T19S, R38E Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Mr. Price:

Enclosed please find the proof of notification for the Stage II Abatement Plan Revision Proposal for the Junction I-9 Release Site. Included in this package are the affidavits of publication from the two newspapers that were required: Albuquerque Journal and the Hobbs News Sun; copies of the certified mail return cards from the notification mailed to owners of record within one mile radius of the site; and copies of the certified mail return cards from the notification mailed to "those persons as identified by the Director, who have requested notification."

The public notice was published in these newspapers on May 28, 2002. It is understood that there is a 30-day waiting period for public comment, and that after 30 days, the Stage II Abatement Plan Revision Proposal will be reviewed for approval, approval with conditions, or for public hearing.

Rice Operating Company appreciates your consideration in this matter and as always, should you have any questions or concerns, please don't hesitate to call.

Sincerely, RICE OPERATING COMPANY

Carolyn Doran Haynes_

Carolyn Doran Haynes Engineering Manager

Enclosures Cc: LBG, FM, file,

Mr. Chris Williams OCD Hobbs District Office 1625 French Drive Hobbs, NM 88240

AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

1

of_____

weeks.

_ 2002

Beginning with the issue dated

May 28 2002 and ending with the issue dated

May 28

Publisher Sworn and subscribed to before

me this <u>28th</u> day of

May

_____ 2002

Notary Public.

My Commission expires October 18, 2004 (Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

LEGAL NOTICE May 28, 2002 NOTICE OF PUBLICATION

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage II Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage II Abatement Plan Revision Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately 0.6 miles southwest of Hobbs in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; backfill excavation with blended fill soil; isolation of contaminants with compacted clay layers; contour surface to prevent pooling of water, seed surface with native vegetation; PSH recovery from groundwater; quarterly sampling of all monitor wells until results meet NMWQCC standards for eight consecutive quarters and approval of the NMOCD; prepare a report summarizing field activities and

 laboratory results; report monitor well results annually until closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division ât' the address given above. The Stage II Abatement Plan-Revision Proposal may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage II Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.

#18991

01104367000 02555973

Rice Operating Company 122 West Taylor Hobbs, NM 88240



NOTICE OF PUBLICATION

State of New Mexico Energy, Minerais and Natural Resources Department Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the tollowing Stage II Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Oper-ations Engineer, Telephone Carolyn Lloran maynes, Upan ations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage I Abatement Plan Revision Proposal for the Pipeline Junction 1-9, Hobbs Salt Water Junction I-9, Hobbs Sali Water Disposal System, located ap-proximately 0.6 miles south-west of Hobbs in the N-, SE X-ol Section 09. Township 19 South, Range 38 East, Lea County, New Maxico. Ricea-Operating Company operates a saliwater disposal pipeline at the site. Phase-separated a sanwatar utsposat pipenna at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground wa ter. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil water renieulal activities. 50% excavation and biodegradation of any remaining hydrocar-bons: soil sampling and analuons, son sampling and anary yess; backtill excavation with ysis, backin excavation with blended till soit, isolation of contaminants with compacted contaminants with compacted clay layers; contour surface to prevent pooling of water; seed surface with native vegetation; ped accesses to response to the second sunace with have vogenation ter and treatment to promote let and usedunets to provide natural biodegradation of hynatural biodegradation or ny-drocarbons in the groundwa-drocarbons in the groundwa-er, quarenty sampling of all monitor wells until results -meet NMWGCC standards for meet NMWGCC standards for eight consecutive quarters and approval of the NMOCD; enu approval of the innocot, prepare a report summarizing field activities and laboratory ults: report monitor well resuits annually until closure. ros

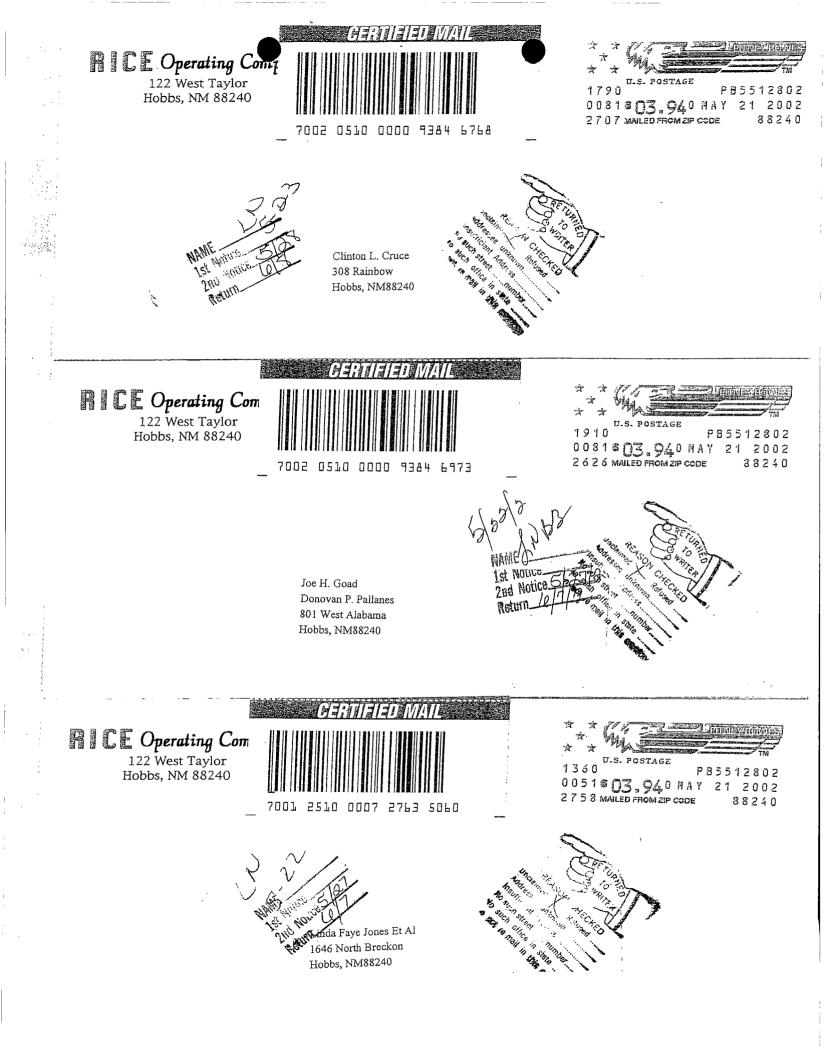
Any interested person may obtain further information from the Oli-Conservation Division and may submit written comments to the Director of the Oli Conservation Division at the address given above; is the address given above; above address or at the Oli Conabove address or at the Oli Conservation Division District Office, servation Division District Office, 1925 N, Fench Drive, Hobbs, New Mexico 88240, Teleptone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday Prior to ruling on any Orgosed Stage II Abatement Plan, the Director of the Oli Conservation Division shal allow at least thirty (30) days after the date of publication of this after the date of publication of this nolice during Wrich written comments may be submitted to him. Journal: May 28, 2002

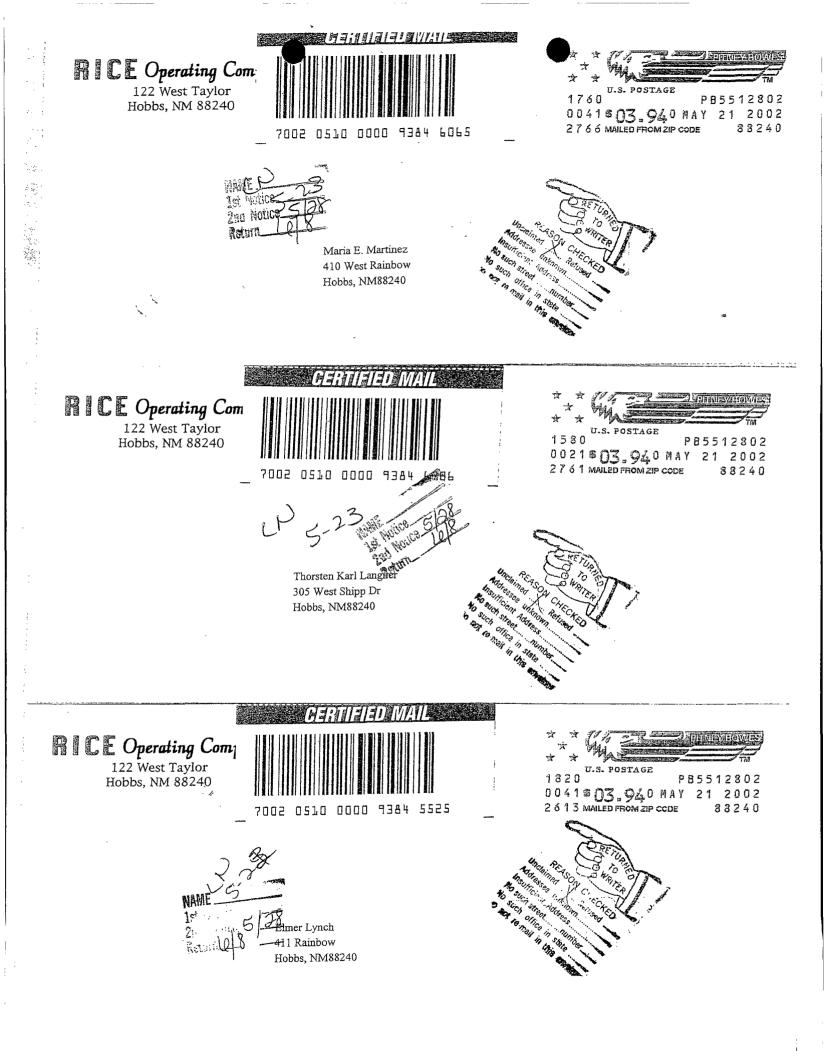
STATE OF NEW MEXICO Bill Tafoya, being duly sworn, declares and says that he is Classified County of Bernalillo Advertising Manager of The Albuquerque Journal, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for times, the first publication being on the 25 2002, and the subsequent consecutive publications on _ 2002. May to before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico C Sworn and subscribed this _2 day of ____ 40.04 Statement to come at end of month. PRICE C88 200 ACCOUNT NUMBER _

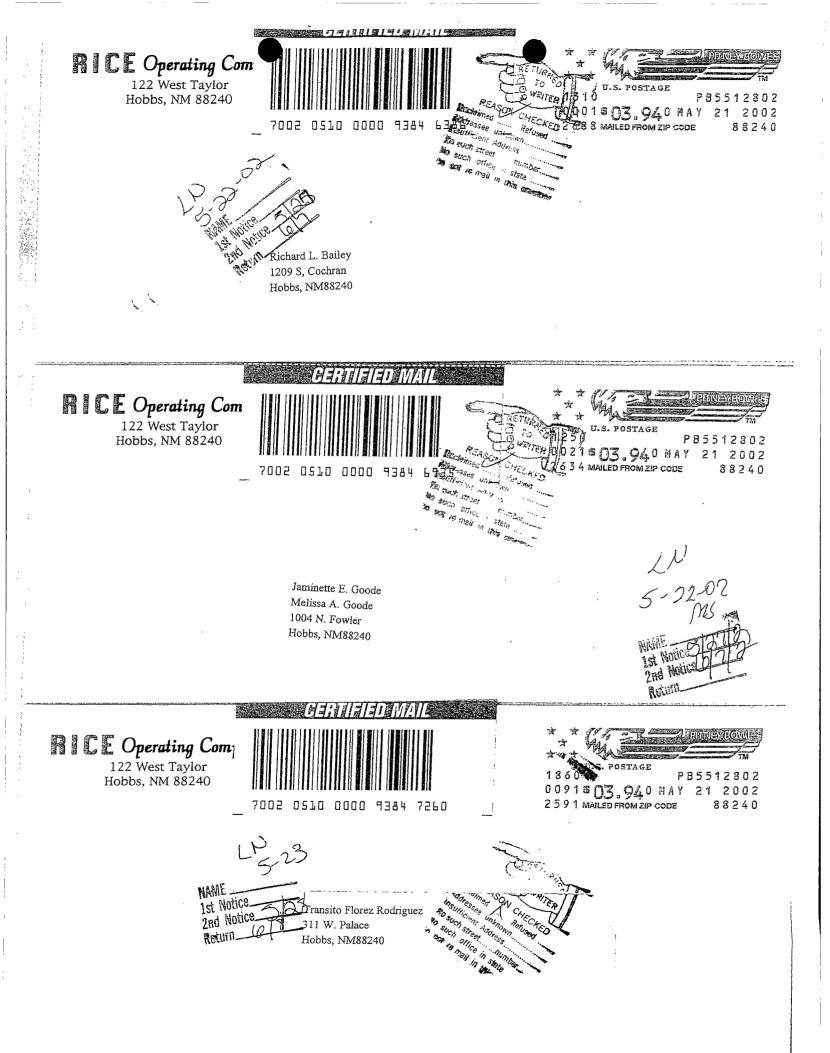
CLA-22-A (R-1/93)

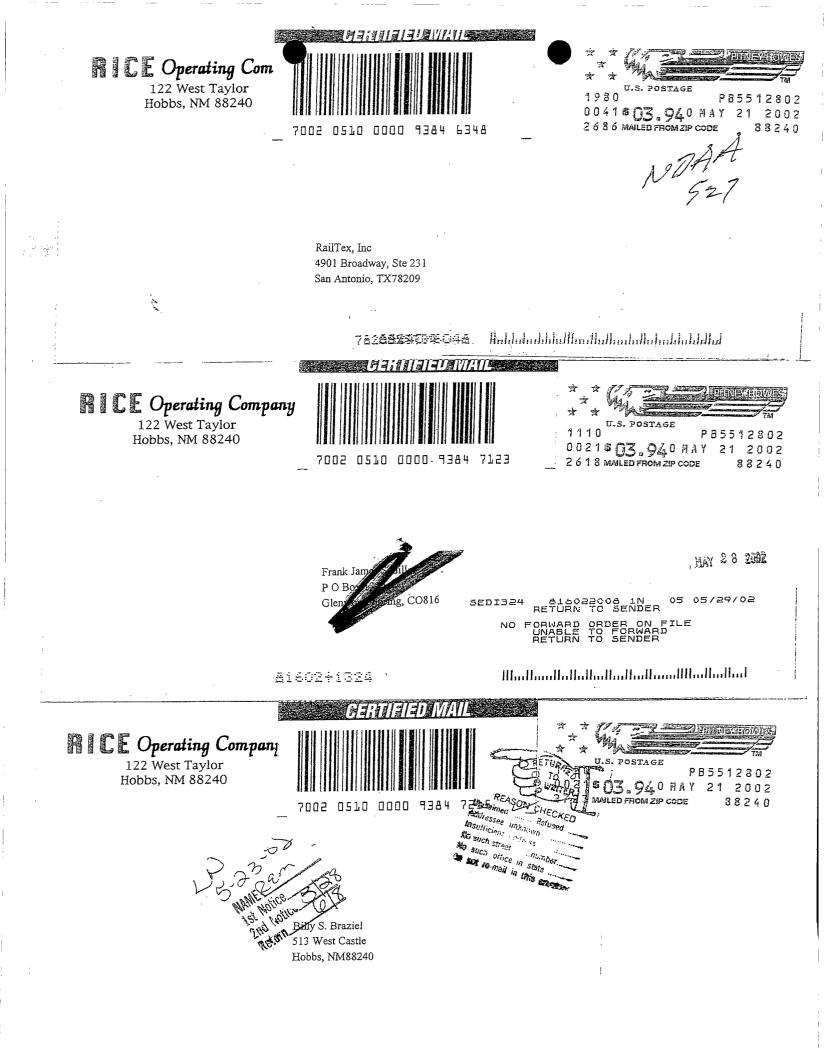
OFFICIAL SEAL Elyn Sloane NOTARY PUBLIC STATE OF NEW MEXICO 4.5-0e Commission Expirest Μu the

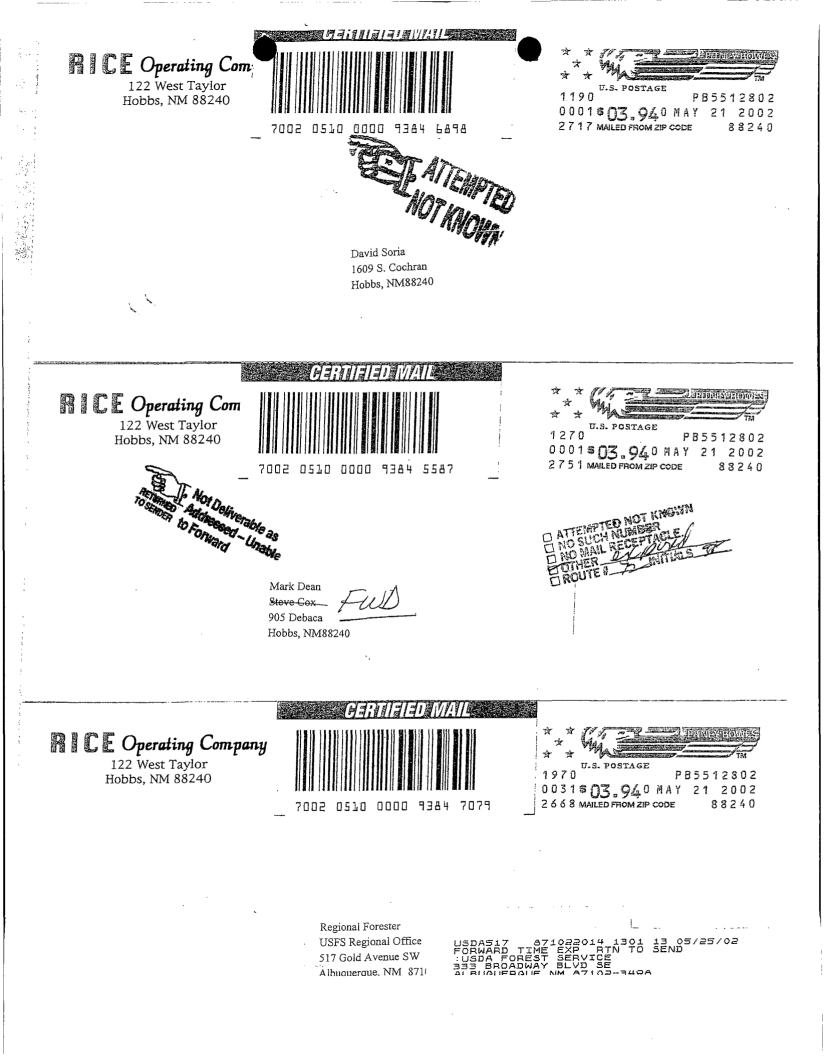
•••

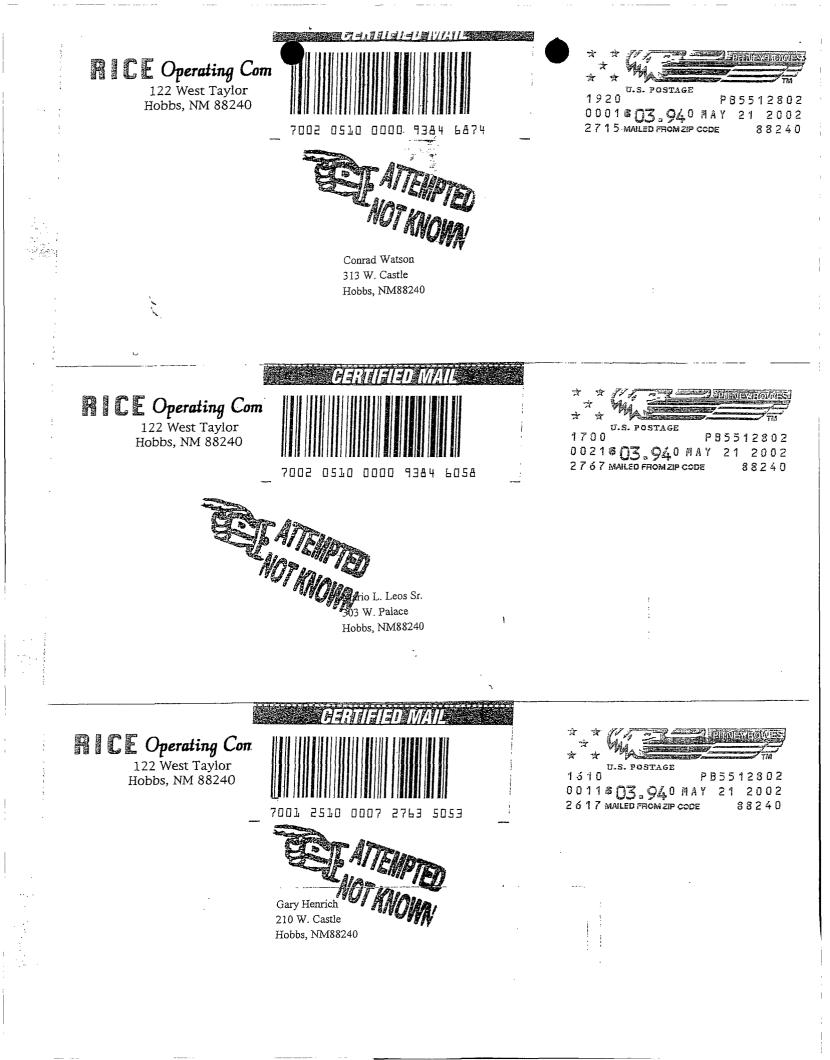


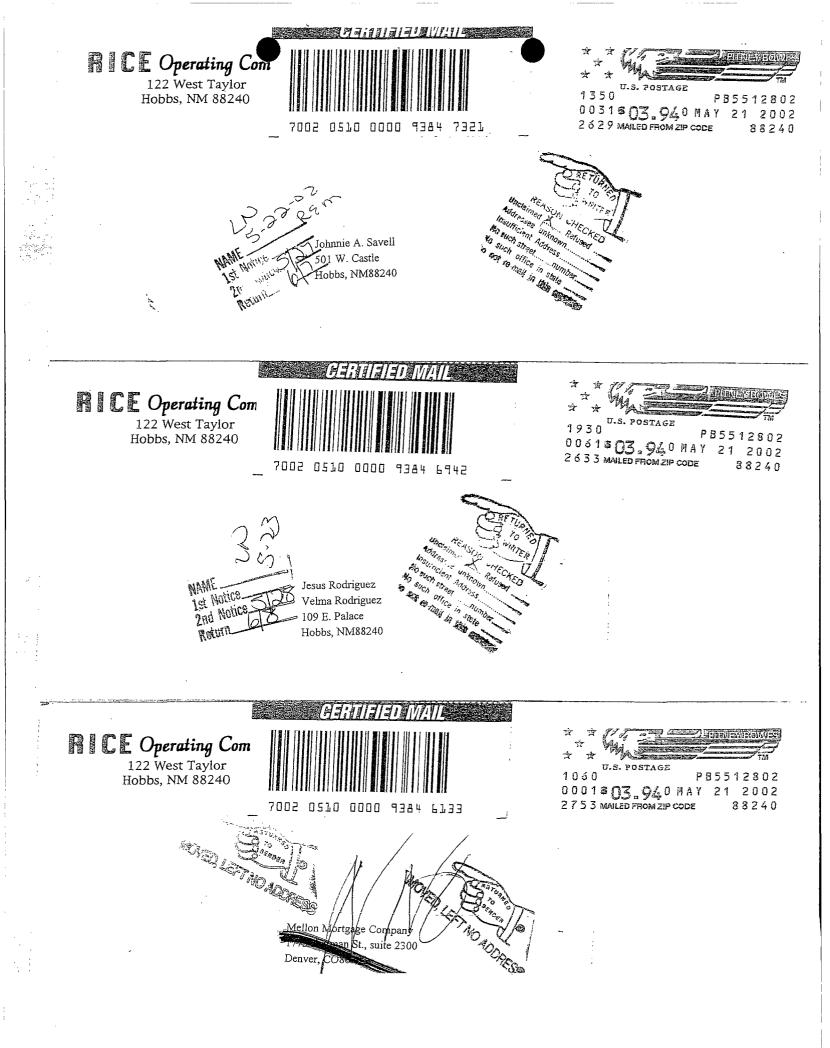


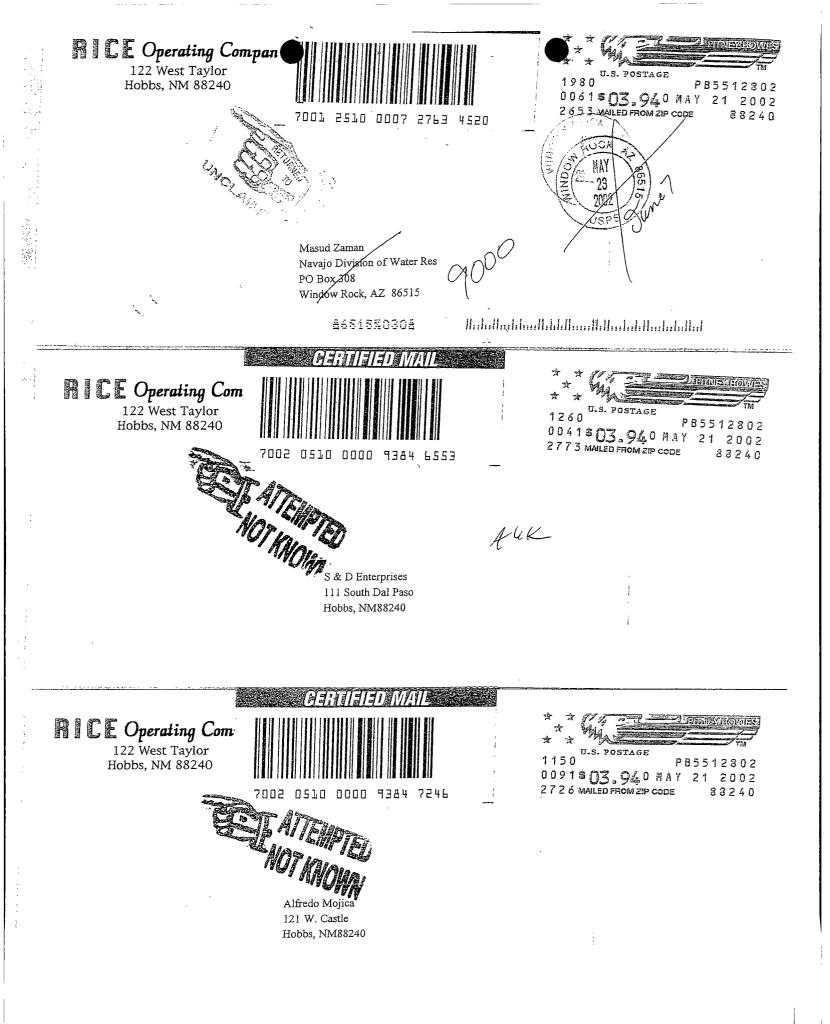


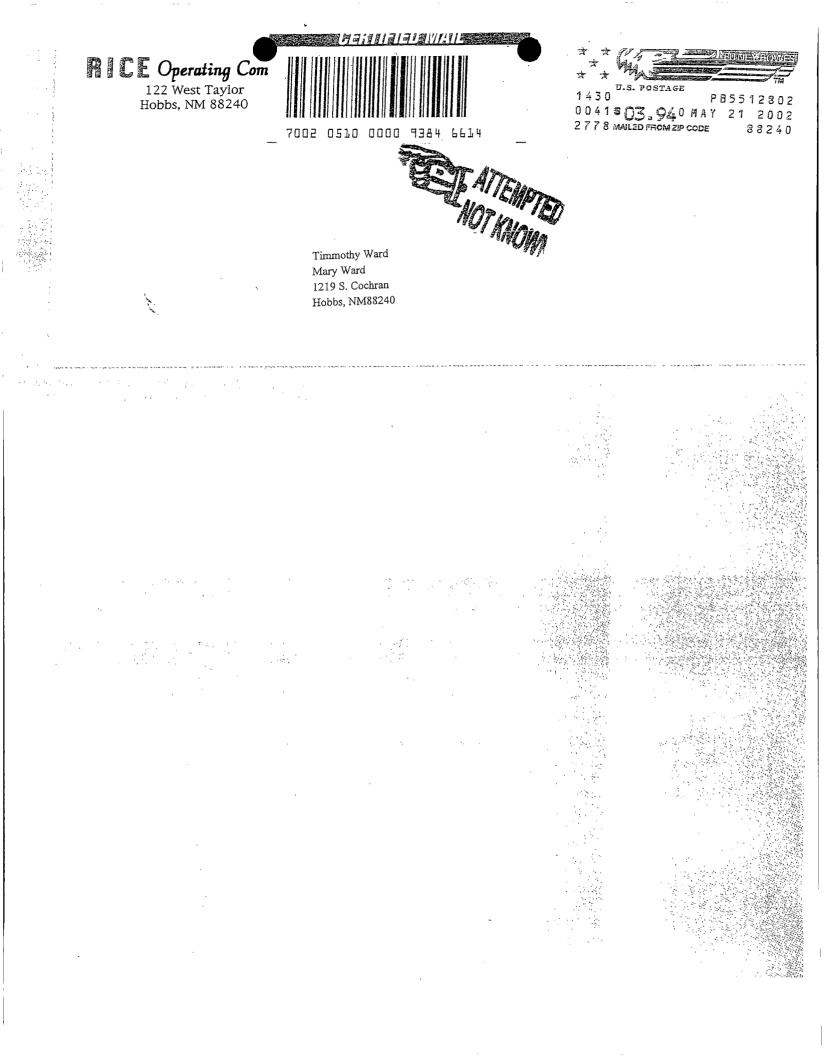












NDER: COMPLETE THIS SECTION	COMPLETE SECTION ON DELIVERY	SENDER: COMPLETE T ECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	A. Signature Agent Address B. Received by (Printed Name) C. Date of Delive
Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Jay Lazarus PO Box 5727 Santa Fe, NM 87502		Richard P Chagnon Hydrologist 2825 E Malvern Drive	
	Image: Second State Image: Second State	Tucson, AZ 85716	Service Type Certified Mail Express Mail Registered Registered Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Reference Ref
Article Number 2001 251	4. Restricted Delivery? (Extra Fee) □ Yes 0 0007 2763 4476	2. Article Number 2003, 251.0	4. Restricted Delivery? (Extra Fee) Yes
	leturn Receipt 102595-01-M-2509		eturn Receipt 102595-01-M-25
NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	A. Sidnature Agent A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from them 17 Ures If YES, enter-delivery address below: No	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 1. Article Addressed to: 	A. Signature A. Signature B. Received by (<i>Printed Name</i>) US12 MELTING D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No
Bruce S. Garber Attorney at Law PO Box 0850 Santa Fe, NM 87503	3. Service Type, 1/4, 2 8 2002 3. Service Type, 1/4, 2 5 2002 20 Certified Mail Express Mail Registered 21 Return Receipt for Merchandise 1. Insured Mail C.O.D.	Susie R. Martinez 210 W. Temple Hobbs, NM88240	3. Service Type Ø Certified Mail Ø Certified Mail Registered Ø Registered Insured Mail C.O.D.
rticle Number 2001	4. Restricted Delivery? (Extra Fee) Yes	2. Article Number 7002 051	4. Restricted Delivery? (Extra Fee) □ Yes 0 0000 9384 6591
	leturn Receipt 102595-01-M-2509		
DER: COMPLETETHIS SECTION omplete items 1, 2, and 3. Also complete am 4 if Restricted Delivery is desired. rint your name and address on the reverse that we can return the card to you. ttach this card to the back of the mailpiece, on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature X GEE B. Received by (Printed Name) C. Date of Delivery All Y All Y	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature Agent Addresse B. Beseived by (Printed Name) C. Date of Deliver Addresse
ticle Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to: William F Carr	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: No
"PO Box 4294 Houston, TX772104294	3. Service Type S. Cartified Mail Express Mail Registered S. Return Receipt for Merchandise Insured Mail C.O.D.	Campbell & Black PO Box 2208 Santa Fe, NM 87501	Service Type::: Express Mail Registered Seturn Receipt for Merchandise Insured Mail Co.D.
icle Number	4. Restricted Delivery? (Extra Fee) 0.0000 9384 71.61.	2. Article Number (Transfer from service label) 7002 0510	4. Restricted Delivery? (Extra Fee) O Yes 1. 0.0.0 9384 7031
·	turn Receipt 102595-01M-2509	PS Form 3811, August 2001 Dornestic Ref	turn Receipt 102595-01-M-250

-

ł

I

	SENDER: COMPLETE THIS SECTION	COMPLETE-THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. M. M. M. M. Harrison Addressee B. Received by (<i>Printed Name</i>) C. Date of Delivery 5-2-4-2 D. Is delivery address different from item 1? Yes	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X. C. Agent B. Receiverso by (Printed Nyame) D. Is delivery address different from item 17 Yes
	 1. Article Addressed to: 	If YES, enter delivery address below: 🗆 No	1. Article Addressed to:	If YES, enter delivery address below: No
! I	Robert Duane Wise Estate of Velma Wise 6200 Dartmouth		Chester Ráil 10613 Calle De Elena NW	
: :	Amarillo, TX79109	Service Type Gertified Mail Express Mail Registered Great	Albuquerque, NM 87048	3. Service Type ¥2 Certified Mail □ Express Mail Registered X5 Return Receipt for Merchani Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
	2. Article Number (Transfer from service label) 7002 05		2. Article Number (Transfer from service label) 7001 25	10 0007 2763 4179
		eturn Receipt 102595-01-M-2509		eturn Receipt 102595-01-M
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery	 Complete terms 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpice, 	B. Received by (<i>Printed Name</i>) C. Date of Delive
	Attach this card to the back of the mailpiece, or on the front if space permits.	- EF	or on the front if space permits.	D. Is delivery address different from item 1? Ves
	1. Article Addressed to:	D. Is delivery statistics, differentifican item 1? Ves If YES, While delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: 🛛 No
	Department of Game & Fish Director	(MAY 2 4 2002	Tuxaco Exploration & Production Tax Dept 1941 PO Box 1404	2. Socia Bao
	Villagra Building Santa Fe, NM 87503	3. Service Type D Certified Uter S - Peress Mail Registered Return Receipt for Merchandise Insured Mail C.O.O.	Houston, TX77251	3. Service Type 22 Certified Mail □ Express Mail 12 Registered Ø Return Receipt for Merchandiss 12 Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
1		4. Restricted Delivery? (Extra Fee) Tyes	2. Article Number 7007 051	
i	2. Article Number (Transfer from service label) 7001 2510	BOO7 2763 4292	(Transfer from service label) (UUE UUE UUE UUE UUE UUE UUE UUE UUE UU	
	PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-2509		
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature	 Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Territy), C. Date of Delivery The new second statement from the new second statement of the new second statement from the new second statement statemen	Attach this card to the back of the mailpiece, or on the front if space permits.	D is delivery address different from item 1? Yes
	1. Article Addressed to: State Engineer	It is univery address univer it out that the second	1. Article Addressed to: Mike Matush	If YES, enter deliver autorass Apply:
	Water Res. Division Bataan Building		Mike Matush	MAY 2. 4 2002
ļ	Santa Fe, NM 87503	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Maii C.O.D.	State Land Office Building Santa Fe, NM 87503	Service Type Sources (Mail) Registered Sources (Mail) Insured Mail Sources (Mail)
	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) Yes
Ì	(Transfer from service (abel)			007 2763 4438
	PS Form 3811, August 2001 Domestic Retu	m Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-01-M-254
			··· · · · ·	

SENDER: COMPLETE THIS SECTION	Y.ETE THIS SECTION ON DELIVERY	SENDER: COMPL	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	B. Received by (Printed Name).	SO that we can return the card to you.	A. Signature X B. Received by (Printed Narge) C. De
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from iten, 17 U Yes If YES, enter delivery address below: No	t. Article Addressed to;	D. is delivery address different from item 17 If YES, enter delivery address below:
Roman Alvarado	- sps	Dr. Harry Bishara	
		PO Box 748	
403 W. Temple	3. Service Type	Cuba, NM 87013	3. Service Type
Hobbs, NM88240	Certified Mail Express Mail Registered If Return Receipt for Merchandise Insured Mail C.O.O.		Certified Mail Express Mail Registered Ms Return Receipt for I Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes	1.	4. Restricted Dalivery? (Extra Fee)
2. Article Number 7102		2. Article Number (Transfer from service label) 7001 251	LO 0007 2763 4223
	atum Receipt 102595-01-M-2509		eturn Receipt 102
		}	ana ana amin'ny faninana distantsi 212 arto 2011 arto arto arto arto arto arto arto arto
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Swarre Biggs SAddressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	x / laute
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	- Heren u
Attach this card to the back of the mailpiece, or an the frent if anothe partition.	Suzanne Biogs 5-28-02	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date
or on the front if space permits.	D. Is delivery address different from item 1?	or on the front if space permits.	D. is delivery address different from them 12
1. Article Addressed to:	If YES, enter delivery address below: 2 No	1. Article Addressed to:	If YES, enter delivery appress theory
Science Applications Inc		NIM III	
PO Box 3344	3	NM Water Well Association	
Boulder, CO 8030		1205 California NE	
	3. Service Type	Albuquerque, NM 87110	3. Service Type
	Certified Mail Express Mail Registered Screturn Receipt for Merchandise		Certified Mail CEXpress Mail
	☐ insured Mail ☐ C.O.D.	:	Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service labe, 7002 0510 00	100 9384 7086	2. Article Number (Transfer from service (abel) 7001 2510	0007 2763 4568
PS Form 3811, August 2001 Dornestic Ret	um Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Retu	m Receipt 10259
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
	And the second sec	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A gigmanne	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	X Mull Addressee	Print your name and address on the reverse	× all an a
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B Received by (Printed Name) DAINELLE GATCED	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date
	D. Is delivery address different from item 1.7 Yes	or on the front if space permits.	D. Is delivery address different from item 17
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:
, <u> </u>			-
Lee Wilson & Associates			
PO Box 931	1 1983	Mr. William C. Olson	
	3. Service Type	NM Energy, Minerals, and Natural Reso-	
Santa Fe, NM 87501	3. Service type	Oil Conservation Division, Environmen	3. Service Type
	Registered Return Receipt for Merchandise		Certified Maii Express Mail
,	Insured Mail C.O.D.	1220 S. St. Francis Drive	Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	Santa Fe, NM 87505	4. Restricted Delivery? (Extra Fee)
2 Article Number		2. Article Number	
2. Article Number (Transfer from service label) 7001 2510	0007 2763 4506	(Transfer from service label) 7001 2510 0	1001 5163 2718 .
	·····		

Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 2. Also complete item 4 if Restricted Delighter desired.	A. Sigpature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Agent	Print your name and addeep on the reverse	A alla T lier
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery		B. Received by (Printed Name)
 Attach this card to the back of the mailpiece, or on the front if space permits. 		or on the front if space permits.	D. Is delivery address different from item 1
1. Article Addressed to:	D. Is delivery address different from item 1? A Gres If YES, enter delivery address below: DNo	1. Article Addressed to:	If YES, enter delivery address below:
		ļ	1
Virgil R Cross, Jr.		Manuel G. Nevarez	
124 W Castle		407 W. Temple Dr	
Hobbs, NM88240	3. Service Type	Hobbs, NM88240	3. Service Type
	Certified Mail		Registered 20 Return Receipt
	Insured Mail C.O.D.		Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee)
	4. Restricted Delivery? (Extra Fee)	2. Article Number	
2. Article Number 7002 0. (Transfer from service label) 7002 0.	510 0000 93A4 6355 ·	(Transfer from service label) ?002 05	10 0000 9384 5617
	Return Receipt 102595-01-M-2505	PS Form 3811, August 2001 Domestic R	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee	Print your name and address on the reverse	Khoned cv-
Attach this card to the back of the mailpiece.	B. Received by (Printed Name), C. Date of Delivery		B. Received by (Printed Name) C.
or on the front if space permits.	D. is delivery address different from item 1? U Yes	- or on the front if space permits.	D. Is delivery address different from item 1
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:
<u>.</u>			POA Blenn Ramac
Robert Sepeda		Glenn Nance	
Gloria Sepeda		114 W Castle	1
404 W. Shipp Dr	3. Service Type	Hobbs, NM88240	3. Service Type
Hobbs, NM88240	Registered Return Receipt for Merchandise		C Registered C Return Receipt
•	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Ves	(- 	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee)
2. Article Number		2. Article Number	
	510 0000 9384 6508	(Transfer from service label) 7001	2510 0007 2763 4643
PS Form 3811, August 2001 Domestic R	atum Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	tum Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	X Addressee	Print your name and address on the reverse so that we can return the card to you.	B/-Received by (Printed Name) OC.
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	U A (N/NISVERTE)
or on the front if space permits.	D. Is delivery address different from item 1? Yes	Or on the month space permits.	D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below: No		If YES, enter delivery address below:
·		· · · · · · · · · · · · · · · · · · ·	
Gerald R Zimmerman		M H Cunningham	· · · ·
Colorado River Board	3. Service Type	P O Box 5221	3. Service Type
770 Fairmont Ave Ste 100	Certified Mail 🔲 Express Mail	Hobbs, NM882415221	Certified Mail Express Mail Registered Return Receipt for
Glendale, CA 91203-1035	Registered Return Receipt for Merchandise Insured Mail C.O.D.		Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
		2. Article Number (Transfer from service label) 7882	0510 0000 9384 5631
2. Article Number 7001 2510			
(Transfer from service label) 7001 2510	0007 2763 4353 atum Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Ret	urn Receipt

I

i

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETS THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	Bature	Complete items dd 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X RALI March Con Agent Addressee	item 4 if Restricted Delivery is desired.	X Kath Addres
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Aeceived by (Printed Name) C: Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliv
or on the front if space permits.	D. Is delivery address different from item:1?	or on the front if space permits.	D. is delivery address different from item 1? Was
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:
:			20 ACESTAN DB.
Lyndel Gene Mason		Kurt M. Ritter	PLATEVILLE, WI 53818
Lynder Gene Wason Jody Marie Mason		- 740 Heer St.	
1601 S. Cochran	3. Service Type 2 Certified Mail Express Mail	Platteville, WI53818	3. Service Type Certified Mail C Express Mail
Hobbs, NM88240	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		Registered Return Receipt for Merchand
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number	10 0000 9384 6102	2. Article Number 7001, 251	0 0007 2763 5046
	Return Receipt 102595-01-M-2509		
PS Form 3811, August 2001 Domestic F	AFOUL MACRIDI		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	X Start Agent
 Print your name and address on the reverse so that we can return the card to you. 	Addressee	Print your name and address on the reverse - so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	DAVID E. COURS LSD.
or on the front if space permits.	D. Is delivery address different from item 1? Yes	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	If YES, enter delivery address below: No		
:		Kenneth L. Cook	Ļ
Bobby B Hamlett		306 W. Castle	
Roy Wayne Hamlett PO Box 814	3. Service Type	Hobbs, NM88240	3. Service Type
Hobbs, NM88241	Q Certified Mail □ Express Mail Registered SI Return Receipt for Merchandise		Certified Mail Express Mail Registered Return Receipt for Merchandise
-	Insured Mail C.O.D.		Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes	2. Article Number	4. Restricted Delivery? (Extra Fee)
2. Article Number 7002 05: (Transfer from service label)	10 0000 9384 6829	(Transfer from service label) 7002051	0 0000 9384 5563
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-14-2509	PS Form 3811, August 2001 Domestic Retu	m Receipt 102595-01-M-250
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Beth Hunter Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Carlos Colles a Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece,	B_Repaived by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 1? 12 Yes
1. Article Addressed to:	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below:
· · · · · · · ·	· · ·		
Hobbs Municipal Scholls		Richard Cano Cortez	
Box 1040	3. Service Type	400 Rainbow	
Hobbs, NM88241	Certified Mail Cxpress Mail	Hobbs, NM88240	3. Service Type Ø Certified Mail 🔲 Express Mail
	Registered Q? Return Receipt for Merchandise Insured Mail C.O.D.		C Registered P Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number 7002 05 (Transfer from service label)	10 0000 9384 6362	2. Article Number (Transfer from service label) 7002 0510	0000 9384 6379
PS Form 3811, August 2001 Domestic Re		(Transfer from service label) (ULE USED PS Form 3811, August 2001 Domestic Retu	
· · · · · · · · · · · · · · · · · · ·			
	·	···· · ·	

i

-	· · · · · · ·			
	SENDER COMPLETENTISSECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THISSECTION ON DELIVERY A. Signature X Image: Complete the second se		A. Signature X. Just Address B. Received by <i>Printed Name</i> C. Date of Optimized Name
	1. Article Addressed to:	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from term 17 (27)99, If YES, enter delivery address below, No 10
	Lucille Lee 209 W. Palace Hobbs, NM88240	3. Service Type Gratified Maii Registered Insured Maii C.O.D.	Michael K. Graves 101 W. Castle Hobbs, NM88240	3. Service Type 2 Certified Mail Express Mail Receipt for Merchanc Insured Mail C.O.D.
	2. Article Number 2002 a	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)
		510 0000 9384 5549	(Transfer from service label) 700205	10 0000 9384 6126
	PS Form 3811, August 2001 Dornestic Re	turn Receipt 102595-01-M-2508	가 P : PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M-
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X Y () (A () () () () () () () () () () () () ()	I i Brint your same and address on the reverse	A. Signature A. Signature A. Received by (<i>Printed Name</i>) B. Received by (<i>Printed Name</i>) C. Date of Delive August 25/25/02 DF is delivery address different from item 1? Uses If YES, enter delivery address below: No
	Colorado River Comm of Nevada Diazetor 555 E Washington Avenue, Suite 3160 Las Vegas, NV 89158	Service Type S Certified Mail □ Express Mail Registered S Return Receipt for Merchandise Insured Mail □ C.O.D.	Lynn Brandvold NM Bureau of Mines & Minerals NM Instituet of Mining & Tech Socorro, NM 87801	3. Service Type 20 Certified Maii □ Express Maii □ Registered Ø Return Receipt for Merchand
		4. Restricted Delivery? (Extra Fee) Yes		Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
	2. Article Number (Transfer from service label) 7001 2510	0007 2763 4193	2. Article Number .7001 25	10 0007 2763 4513
:	PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-01-M-2509		
	<u> </u>	·	i '	
	 SENDER: COMPLETE THIS SECTION: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attacti this card to the back of the mailpiece, or on the front if space permits. 	COMPLETENTISSECTION ON DELIVERY A. Signature X A. March March March March March March March March Addressee B. Received by (Printed Name) C. Date of Delivery March	 SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece of the form of the form of space permits. 	COMPLETETHISSECTION ON DELIVERY A. Signature Source State State A Agent A Address B: Received by (Printed Name) C. Date of Delive C. Date
	1. Article Addressed to: Nova B. Niccum 309 W. Palace	If YES, enter delivery address below: No	1. Article Addressed to: State Parks & Recreation Director Villagra Building	D. Is defitiery address different from item 1? Yes If YES20ther delivery address below: No
-	Hobbs, NM88240	Service Type Certified Mail Certified Mail Registered Insured Mail C.O.D. Serviced Delivery? (<i>Extra Fee</i>) Yes	Santa Fe, NM 87503	3. Service Type 3. Certified Mail 3. Express Mail 4. Restricted Delivery? (Extra Fee) 4. Yes 5. Service Mail 5. Servic
			2. Article Number	
-	2. Article Number (Transfer from service label) 70020510	0000 9384 6324	(Transfer from service label) 7002 0510) 0000 9384 7109 · · ·

I

i

SENDER: COMPLETE THIS SECTION	MPLETE THIS SECTION ON DELIVERY	SENDER: COMPLET THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	x Agent Agent Agent Agent Addressee Beceived by (Brinted Name) C. Date of Delivery Ann Mart 1 5.24-02	 Complete items and d. 3. Also complete item 4 if Restricted belivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Charles Maries B. Received by (Printed Name) C. Date of Delive YAY 3.9.205
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	0. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
John Bartlit, Chairman 113 Monte Ray Dr. North Los Alamos, NM 87544	3. Service Type ∑2 Cartified Mail □ Express Mail □ Registered ∑2 Return Receipt for Merchandise	Perry Pearce Burlington Resources 300 Galisteo Suite 101 Santa Fe, NM 87501	3. Service Type Ճ-Certified Mail □ Express Mail □ Registered 怒 Return Receipt for Merchand!
	Insured Mail C.O.D.		Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
2 Anipla Musebas	4. Restricted Delivery? (Extra Fee) Yes Yes	2. Article Number	1
2. Article Number (Transfer from service label) 7001 2510	0007 2763 4537	(Transfer from service label) ?00205±0	0000 9384 7062
PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Rei	urn Receipt 102595-01-M-د!
		and a superior of the second se	national and the second se
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you, 	A. Signafure	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature XAM Hickerrz □ Agent
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Beceived by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	or on the front if space permits.	A DI 2 U Li EVI P Z D. Is deilväry badness different from item 1? Yes of If YES joyer delivery address below: No
Loia Ben Lawson 3911 Teckia	:	NM Oil & Gas Assocation PO Box 1864	1999 1999
Amarillo, TX79109	3. Service Type	Santa Fe, NM 87504-1864	Service Type SecCertified Mail Express Mail Registered SecUption Receipt for Merchandis Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7001 25	10 0007 2763 5107	2. Article Number 7002 0510	0000 9384 7048
PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-2509	(Transfer from service label)	im Receipt :02595-01-M-2!
	······································		
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature A. Signature A. Signature A. Signature B. Received by (Printed Narre) C. Date of Delivery	SENDER: COMPLETE THIS SECTION Complete items 1, 2; and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	COMPLETE THIS SECTION ON DELIVERY A. Signature X Agent Addresse
Attach this card to the back of the mailpiece, or on the front if space permits.	A Swinney 5-2402	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Joyce M Savell Ronnie A. Savell	3. Service Type	Director El Paso Natural Gas PO Box 1492	
207 W. Palace Hobbs, NM88240	Certified Mail CExpress Mail Registered Meturn Receipt for Merchandise Insured Mail C.O.D.	El Paso, TX 79978	3. Service Type A Certified Maii Express Mail Registered A Return Receipt for Merchandis Insured Maii C.O.D.
2. Article Number			4. Restricted Delivery? (Extra Fee)
لا ال حال ال ا		2. Article Number (Transfer from service label) 7001 2510	 0007 2763 4216
PS Form 3811, August 2001 Domestic Retu	m Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Retu	n Receipt 302595-01-M-*
·····	. !	un	.

Complete items 1, 2, and 3. A	ECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is Print your name and address so that we can return the card	s desired. on the reverse d to you.	A. Signature	so that we can return the card to you.	A. Signature X E.S. 21 A. P.K. J. Q. C. Date g B. Received by (Printed Name) C. Date g
 Attach this card to the back or or on the front if space permit Article Addressed to: 		D. IS delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Arden uns card to the back of the manpiece, or on the front if-space permits. Ardicle Addressed to:	D. Is delivery address different from item ? Y
Devon E. Jercinovic International Tech Corp 5301 Central Ave. NE St	e 700	3. Service Type	Eugenio Saenz 306 Shipp Dr	3. Service Type
Albuquerque, NM 87018			Hobbs, NM88240	Certified Mail Express Mail Registered Return Receipt for Merc Insured Mail C.O.D. K. Restricted Delivery? (<i>Extra Fee</i>) Ye
2. Article Number	7001 2510	0007 2763 4209		1510 0000 9384 5532
PS Form 3811, August 2001	Domestic Re	turn Receipt 102595-01-M-250	PS Form 3811, August 2001 Domestic F	Return Receipt 102595-
SENDER: COMPLETE THIS SE	стал	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is c Print your name and address or so that we can return the card Attach this card to the back of or on the front if space permits.	desired. n the reverse to you. the mailpiece,	A. Signature X. Y-A. D. D. D. C. Date of Optibulary B. Received by (Printed Name)	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Signature B. Received by (Printed Name), C. Date of D. Is delivery address different from item 12.
Article Addressed to:		D. Is delivery address different from item ? Yes If YES, enter delivery address below: USPS	1. Article Addressed to:	If YES, enter delivery address below:
Patricia A. D'Andrea P. O. Box 6387			Archie Wiggins 311 W. Temple	
Santa Fe, NM 87502		3. Service Type 2. Certified Mail Certified Mail Registered 19. Registered 19. Registered 19. Registered 10. C.O.D.	Hobbs, NM88240	Service Type Certified Mail Express Mail Registered Insured Mail C.O.D.
Article Number	2001 2510	4. Restricted Delivery? (Extra Fee)	2. Article Number 7002 05	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	Domestic Retu	m Receipt 102595-01-M-2509	(Transfer from service label) 0 0 2 0 5 PS Form 3811, August 2001 Domestic R	etum Receipt 1025954
			}	
ENDER: COMPLETE THIS SEC	πον	COMPLETE THIS SECTION ON DELIVERY		
ENDER COMPLETENTIS SEC Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on	complete esired. the reverse		 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	
ENDER: COMPLETENTIS SEC Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of th	o complete estired. the reverse o you. ne mailpiece,	A. Signature X. M. A. Agent B. Received by (Prified Name) C. Date of Delivery 5-25-02-	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, 	A. Signature
ENDER: COMPLETENTISEC Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of th or on the front if space permits.	o complete asired. the reverse o you. ne mailpiece,	A Signature X M Quilt Addressee B. Received by (Printed Name) C. Bate of Delivery 5-25-02 D. Is delivery address different from item 17 If YES, enter delivery address below: If YES, enter delivery address below: Agent C. Bate of Delivery C. Bate	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X. M. Illin III C. C. Date of B. Received by (Printed Name) U. (I G. M. Hun T. (Partial 2) D. is delivery address different from item 1? Urges
ENDERCOMPLETETHIS SEC Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of th or on the front if space permits. Article Addressed to: Mary E. Redinger	o complete ssired. the reverse o you. le mailpiece,	A Signature X M \mathcal{A} (\mathcal{A}) \mathcal{A} (\mathcal{A}) \mathcal{A} (\mathcal{A}) \mathcal{A}) \mathcal{A} dressee B. Received by (Prified Nerne) C. Date of Delivery $\mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2}$ D. Is delivery address different from item 17 \mathcal{B} ses If YES, enter delivery address below: \Box No $\mathcal{G}_{3} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{O}_{2} \mathcal{F}_{2} \mathcal{O}_{2}$ $\mathcal{O}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{O}_{2} \mathcal{F}_{2}$ $\mathcal{O}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{O}_{2} \mathcal{F}_{2} \mathcal{O}_{2} \mathcal{F}_{2}$ $\mathcal{O}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2} \mathcal{F}_{2}$	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can retrun the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. M. J. C. J. J. C. Date of the B. Received by (Printed Name) C. Date of the C. Date of the C. Date of the second sec
ENDERCOMPLETETHIS SEC Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of th or on the front if space permits. Article Addressed to:	o complete ssired. the reverse o you. le mailpiece,	A Signature X M Quilt Addressee B. Received by (Printed Name) C. Bate of Delivery 5-25-02 D. Is delivery address different from item 17 If YES, enter delivery address below: If YES, enter delivery address below: Agent C. Bate of Delivery C. Bate	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Frint your name and address on the reverse so that we can retrun the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Colson Plunk	A. Signature Image: Additional systems Image: Additional systems Additional systems B. Received by (Printed Name) C. Date of the systems C. Date of the systems D. is delivery address different from item 1? Image: Address different from item 2. Image: Address ditem 2. Image: Address differe
ENDERCOMPLETETHIS SEC Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of th or on the front if space permits. Article Addressed to: Mary E. Redinger RR 4, Box 458	o complete esired. the reverse y you. le mailpiece,	A. Signature X. M. G. M. Left, M. Agent A. Agent A. Agent M. Addressee B. Received by (Printed Name) D. Is delivery address below: If YES, enter delivery address below	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Frint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Colson Plunk SPS PO Box 1261 Amarillo, TX 79170	A. Signature Image: Comparison of the system of the sy

I

SENDER: COMPLETE THIS SECTION	C	SENDER: COMPL	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	ature	Complete items and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X Agent	item 4 if Restricted Delivery is desired.	X Agent
Print your name and address on the reverse so that we can return the card to you.	Per Mullett Addressee	Print your name and address on the reverse so that we can return the card to you.	Addres A Addres
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. pate of Denv
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 12 Yes
1. Article Addressed to:	If YES, enter delivery address below:	: 1. Article Addressed to:	If YES, enter delivery address below:
Masud Zaman		Samuel A. Stark	
Navajo Division of Water Res	tl	8632 County Rd 235	3. Service Type
PO Box 308	3. Service Type Ø Certified Mail □ Express Mail	Clyde, TX79810	2. Service Type
Window Rock, AZ 86515	Registered Z Return Receipt for Merchandise		Registered BReturn Receipt for Merchanu
	C Insured Mail C.O.D.	1	Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) □ Yes		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7001 2510 (Transfer from service label)	0007 2763 4520	2. Article Number 7002 (Transfer from service label)	0510 0000 9384 6652
	eturn Receipt 102595-01-M-25091	PS Form 3811, August 2001 Domestic F	Return Recaipt 102595-01-M-+
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent	 item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	aplant and Address.
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) COute of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailpiece,	(X) Jacquilling (ASQUET)	Attach this card to the back of the mailpiece, or on the front if space permits.	IGAYTON LANF K5-24-01
or on the front if space permits.	D. Is delivery address different from item 1? Yes		D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:
· · · · · · · · · · · · · · · · · · ·		1	
Catholic Diocese Of Las Cruces		Dayton G. Lane	
1280 Med Park Dr		P O Box 837	3. Service Type
Las Cruces, NM88005	3. Service Type	Proctor, TX76468	3. Service type Ø Certified Mail
••	 Certified Mail Express Mail Registered Return Receipt for Merchandise 		Registered 🛛 🛱 Return Receipt for Merchandise
· ·	Insured Maii C.O.D.	1	D Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service (abel) 7002 051	0 0000 9384 6836	2. Article Number 7002 05 (Transfer from service label)	10 0000 9384 6904
PS Form 3811, August 2001 Domestic R	leturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	tum Receipt 102595-01-M-251
	ł		
······································			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signatuye	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Siggature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Maratin Agent	Print your name and address on the reverse	(Car) Semilar Daddresser
Print your name and address on the reverse so that we can return the card to you.	B. Received by (<i>Printed Name</i>) C. Date of Delivery	so that we can return the card to you.	B/ Received by (Printed Narpe) C. Date of Delivery
Attach this card to the back of the mailpiece,	Mapstos 5/24/27	or on the front if space permits.	Ross A HAMILTON 5-24-02
or on the front if space permits.	D. is delivery address different from item 1? Yes	1. Article Addressed to:	D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:		If YES, enter delivery address below; No
an and an and an a start and a			
		Ross A. Hamilton	
Field Supervisior		Aletta Frost Hamilton	
US Fish & Wildlife Service	4	714 4tbStreet	3. Service Type
2105 Osuna Road, Northeast	3. Service Type ▲ Certified Mail □ Express Mail		Certified Mail 🛛 Express Mail
Albuquerque, NM 87113-1001.	Registered Zerand Main Zerand Zerand Zerand Zerand Zerand Zer	Traer, 3450675	Registered Zered Return Receipt for Merchandise
	Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee) Yes	. · ·	Yes
2. Article Number		2. Anticle (Transi	
(Transfer from service label) 7001 251(0 0007 2763 4247		UTT HERDING 2595-01-M-250
	Return Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Rem	TU Hecelor (290-01-Mirco)
The second se	· · · · · · · · · · · · · · · · · · ·	en and a superior and	· · · ·

-

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent B. Raceived by (Printed Name) Q. Induine and the set of polyery C. Bate of polyery C. Bate of polyery C. Bate of polyery	 Complete items 1, 2, and Also complete item 4 if Restricted Delever desired. Print your name and access on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. <u>////////////////////////////////////</u>
1. Article Addressed to:	D. Is delivery address different from item 1/7 D Yes If YES, enter delivery address below: D No	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:
Division of Water Quality Director 288 North 1460 West Salt Lake City, UT 84114		Thomas W Merlan, Director 228 E Palace Ave Villa Rivera Rm 101 Santa Fe, NM 87503	3. Service Type Cartified Mail Express Mail Registered X Return Receipt for Merchandi Insured Mail C.O.D.
2. Article Number		2. Article Number	
(Transfer from service label) 7001 2510	0007 2763 4315	(Transfer from service label) 70020510	0000 9384 7024
PS Form 3811, August 2001 Domestic Re	turn Heceipt	PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-01-M-2
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 	A Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpince. 	A Supparture Agent Address.
1. Article Addressed to:	D. Is delivery address differgial from item 1?	1. Article Addressed to:	If YES, enter delivery address below:
Four Conters Pipeline 5900 Cheers Ave		Len Oyenque The Tewa Company	3. Service Type
Long Beach, CA90805	3. Service Type 3. Certified Mail 4. Registered 5. Return Receipt for Merchandise 5. C.O.D. 4. Restricted Delivery? (Extra Fee) 7. Yes	PO Box 1261 San Juan Pueblo, NM 87566	Service type Service type Service type Service type Service type Service Mail Registered AReturn Receipt for Merchandis Insured Mail C.O.D. Service to Delivery? (Extra Fee) Yes
2. Article Number	4. Restricted Delivery? (Extra Fee) □ Yes	2. Article Number 7001. 251.0) 0007 2763 4414
(Transfer from service label) (UUUCCON PS Form 3811, August 2001 Domestic Ref		(Transfer from service label) 1011 E311 PS Form 3811, August 2001 Domestic Retu	
	a de la companya de		
SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature XADAA(MUSA) Zurge Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Zate of Delivery C. Z. Z.	SENDER: COMPLETENTIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETETHIS SECTION ON DELIVERY A. Signafure X B. Received by (Printed Name) C. Date of Deliver J. J.J. 2010
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Consepcion V. Zuniga 312 W. Castle Hobbs, NM88240	3. Service Type Sd.Certified Mail □ Express Mail □ Registered Sd Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes	PO 430x 27115 Santa Fe, NM 87502-0115	3. Service Type Ô Certified Mail □ Express Mail □ Registered □ A Return Receipt for Merchandisi □ Insured Mail □ C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) □ Yes
2. Article Number 7002 051	0 0 0 0 9 3 4 4 6 7 7 5	2. Article Number 7001 2510	0007 2763 4261
PS Form 3811, August 2001 Domestic Return		(Transfer from service label) , 000	
· · ·		· · · · ·	

.

•

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPL	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	X Mary Rid In My Fi Agent	 Complete items 1, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X. Agent
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Arinted Name) C. Date of Delivery MARY RED! NGER 5-25-02	 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivi
1. Article Addressed to:	D. Is delivery address different from item 1? XYes If YES, enter delivery address below: No	1. Article Addressed to:	D. 15 deinery address different from item 17 Yes If YES, enter delivery address below: No
	6938 E. CounTRYSIDEW. OLNEY, IL 62450	Thomas Kellahin	
Billie Lee Redinger RR4, Box 458		Kellahin & Kellahin PO Box 2265	
Olney, IL62450	3. Service Type Certified Mail Express Mail Registered Service Type Insured Mail C.O.D.	Santa Fe, NM 87501	Service Type Certified Mail Express Mail Registered Arecurr Receipt for Merchander Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes	2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 700205	LO 0000 9384 .7208	(Transfer from service label) ?UU2 U5	10 0000 9384 7116
PS Form 3811, August 2001 Domestic Rel	turn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M-2
SENDER: COMPLETE THIS SECTION	GOMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Grute F Ward Agent Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery . 5 - 24.02	Attach this card to the back of the mailpiece, or on the front if space permits.	D. is delivery address different from term 1? □ Yes
1. Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	If YES, enter delivery address below:
		Ronnie Dudley Thorp	
Lula Elizabeth Ward Estate of Bill Ward		RLT Family Trust	
R 1 Box 208 Ninnekah, OK73067	3. Servce Type ☐ Certified Mail □ Express Mail □ Registered □ ☐ Return Receipt for Merchandise □ Insured Mail □ C.O.O.	1180 Avenida Ellena Casa Grande, AZ85222	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7002 051	0 0000 9384 7437	2. Article Number 70020 (Transfer from service label)	510 0000 9384 6522
PS Form 3811, August 2001 Domestic Retu	Im Receipt 102595-01-14-2509	PS Form 3811, August 2001 Domestic Ret	um Receipt 102585-01-M-25
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
 item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	X K. Cates Agent	 Print your name and address on the reverse so that we can return the card to you. 	X /im Actor Addresse B. Received by (Rrinted Name) Cr Date of Deliver
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	Tim CARREN 63.07
1. Article Addressed to:	 D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No 	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	5	Timmy Alan Calderon	
Marilyn McNeill Cates			
Will Terry Trust 5661 S Crestbrook Dr.	3. Service Type SS Certified Mail 🔲 Express Mail	Hobbs, NM88240	3. Service Type
Morrison, CO80465	Registered Mail D Express Mail		Registered É Return Receipt for Merchandis:
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7002 05	10 0000 9384 5594	2. Article Number 700205 (Transfer from service label) 700205	10 0000 9384 6188
PS Form 3811, August 2001 Domestic Retu	m Receipt 102595-01-#4-2509	PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-25

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature A. Signature Agent B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery	 Complete items 1, 2, and Also complete item 4 if Restricted Deliver desired. Print your name and add on the reverse 	A Signature X (interpretation Agen
	LTHE Ituvala J29/02 D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No	 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	B. Received by (Printed Name) C. Date of Drived Name) D. Is delivery address different from item 1? Printed Name)
Gunnar J. Huvaia	n res, ener denvery address below. E no	NM Environmental Dept	If YES, enter delivery address below: No
621 Agee Street # 243		Maxine Goad	
San Deigo, CA92122	3. Service Type Ø Certified Mail □ Express Mail □ Registered	Harold Runnels Building Santa Fe, NM 87503	3. Service Type XO Certified Mail □ Express Mail Registered Xervice Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)	:	4. Restricted Delivery? (Extra Fee)
	510 0000 9384 6843	And the second sec	0 0007 2763 4445
PS Form 3811, August 2001 Domestic Retu	um Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X () J (Agent Agent B. Received by (Frinted Name) C. Date of Delivery	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Catury Last
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1?
- Hazardous Waste Bureau		Groundwater Bureau Chief	
Chief Runnels Building Santa Fe, NM 87504	Service Type Certified Mail Express Mail Registered & Return Receipt for Merchandise insured Mail C.O.D.	Runnels Building Santa Fe, NM 87504	3. Service Type A Cartified Mail Express Mail Registered A Return Receipt for Me Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 2510	1 0007 2763 4360 <u> </u>	(Transfer from service label) 7001 25	10 0007 2763 4452
PS Form 3811, August 2001 Domestic Rei	turn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	aturn Receipt 102594
·		SENDER: COMPLETE THIS SECTION	
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maipiece, or on the front if space permits.	A Signature X Supature B. Received by (Printed Nafre) USAN LS ef Mark Unit	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired; Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to:	D. Is delivery address different from item ? If YES, enter delivery address between the second seco	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Steven Scarborough Jim Frand Selman	2003	Charles D. Yaws Carolyn Yaws	
4816 Summerville NW Albuquerque, NM87120	3. Service Type 4 Cartified Maii Registered 7 Return Receipt for Merchandise Insured Maii C.O.D.	1810 S. Cochran Hobbs, NM88240	3. Service Type 4. Certified Maii □ Express Maii □ Registered
	4. Restricted Delivery? (Extra Fee) Yes	. Article Number	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 700205	LO 0000 9384 6683	(Transfer from service label) 7002051 S Form 3811, August 2001 Domestic Bebur	0 0000 9384 6850

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETT THIS SECTION	" COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	Addressee B. Received by (Printed Name) ∠OI'S H-13DON D. Is delivery address different from item 12 Ves	 Complete items 1 and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature XT 2(1) // (A Construction of the second seco
1. Article Addressed to: Castle Ave Baptist Church	D. Is delivery address different from item 1? Yés If YES, enter delivery address below: No	1. Article Addressed to: Delfina Sanchez	D. Is delivery address different from item 17 (2) Yes If YES, enter delivery address below: 7, 2 No
301 E Castle Hobbs, NM88240	3. Service Type S. Certified Mail Registered Struct Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	310 Shipp Dr Hobbs, NM88240	3. Service Type St. Certified Mail Express Mail Registered Off Return Receipt for Merchandis Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7002 051	0 0000 9384 6720	2. Article Number 7002 (Transfer from service label)	0510 0000 9384 6911
PS Form 3811, August 2001 Domestic F	letum Receipt 102595-01-14-2509	PS Form 3811, August 2001 Domestic R	etum Receipt 102595-01-M-2:
SENDER: COMPLETETHIS SECTION: Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	COMPLETE: THIS SECTION ON DELIVERY	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	COMPLETE TELISSECTION ON DELIVERY A. Signature X Cate and a construction of the second data and a constructi
Abelardo Balderrama 113 W. Castle Hobbs, NM88240	3. Service Type \$2 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	Arturo Rubio 309 W. Temple Hobbs, NM88240	3. Service Type Ø. Certified Mail Express Mail Registered Ø Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fae) Yes
2. Article Number (Transfer from service label) 700205	<u> </u>	2. Article Number (Transfer from service label) 7002 051	0 0000 9384 7284
PS Form 3811, August 2001 Domestic Re	tum Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Ref	tum Receipt 102595-01-M-251
SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	COMPLETETHISSECTION ON DELIVERY A. Signature X Agent B. Beceived by (Printed Name) C. Date of Delivery J. A.M. C.S.L. Hick S.21-1-1-1 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. Article Addressed to:	COMPLETE THIS SECTION ON DELIVERY A. Signature X August Annual Addressee B. Regbived by (Printed Name) C. Date of Delivery M Child Doctor C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
James L. Hicks 318 W. Castie Hobbs, NM88240	Service Type Service Type Service Type Service Type Service Type Service Type Service Mail. □ Express Mail Registered S2 Return Receipt for Merchandise Insured Mail □ C.O.D. Service Delivery? (Extra Fee) □ Yes	Michael T Bostick 2422 W. Kansas Hobbs, NM88240	3. Service Type Ø Certified Mail Express Mail Registered Ø Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7002 05	10 0000 9384 6928		510 0000 9384 5648
PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-01-44-250

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signate X Agent B. Received by (Printed Name) Addressee C. Date of Delivery	50 that we can return the card to you.	A Signature A Signature B. Received by (Printed Name) Lannow Delarmon S
1. Article Addressed to:	D. Is deliver, address different from item 1? Yes If YES, anter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:
John Draper Montgomery & Andrews PO Box 2307	(MAY 2 3 2002)	George W. Deyarmon IV 311 West Shipp Hobbs, NM88240	3. Service Type
Santa Fe, NM 87504	3. Service function and a service function of the service function of the service function of the service of th		Certified Mail Express Mail Registered PReturn Receipt for Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee)
	4. Restricted Delivery? (Extra Fee)	2. Article Number	
2. Article Number (Transfer from service label) 7.0.0.1.	2510 0007 2763 4483	(Transfer from service label) 7001 25	10 0007 2763 5077
	leturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	aturn Receipt 10
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Louis C. Russ E B. Received by (Printed Narge) C. Dat
 Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Date of Delivery D. Is delivery address different from item 1? □ Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1?
1. Article Addressed to: .	. If YES, enter delivery address below: INO	1. Article Addressed to:	If YES, enter delivery address below: C
Environmental Affairs Public Service Co of NM PO Box 2267		Gloria Chavez Bejar 1227 S. Cochran	3. Service Type
Albuquerque, NM 87103	A Service Type A Cantified Mail Express Mail One Service (A Cantified Mail Depistered A Return Receipt for Merchandise Depired Mail C.O.D.	Hobbs, NM88240	A Certified Mail Express Mail Registered A Return Receipt for M Insured Mail C.O.D.
2. Article Number	4-Restricted Delivery? (Extra Fee) _ D Yes	2. Article Number (Transfer from service label) 7002 051	
(Transfer from service label) (ULL COSC PS Form 3811, August 2001 Domestic Re		PS Form 3811, August 2001 Domestic Ret	urn Receipt 102
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Aftach this card to the back of the malpiece, 	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpice, 	A. Signature X B. Received by (<i>Printed Name</i>) C. Date
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item A? Tos If YES, enter delivery address below (A. 1)	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from them 1717 If YES, enter delivery address below: 2
Charles Cowger Patricia Cowger	USPS	Tanis Fox Attorney General's Office PO Box 1508	MAY 2 3 2002
1601 South Turner Hobbs, NM88240	3. Service Type 2. Certified Mail Registered Registered Return Receipt for Merchandise Insured Mail C.O.D.	Santa Fe, NM 87504	3. Service Type
;			
2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)

.

Ì

i

|

SENDER: COMPLETE THIS SECTION	CONTRACTOR ON DELIVERY	SENDER: COMPLE YIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	nature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X Seen and duran Addressee	item 4 if Restricted Delivery is desired.	1 10 50000
Print your name and address on the reverse so that we can return the card to you.	B. Received by (<i>Printed Name</i>) C. Date of Delivery		X Michael 1/ rac - Address
Attach this card to the back of the mailpiece, or on the front if space permits.	5-24-02	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver Suit har Brace 5/13/1
	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery/address below: O No	1. Article Addressed to:	If YES, enter delivery address below:
:		(
State Land Office		Soil & Water Conservation	
Hobbs District	1	NM Dept. Of Ag	
3830 N Grimes Ste C	3. Service Type	Box 30005/ARP	3Service Type
Hobbs, NM 88240	Certified Mail D Express Mail	Las Cruces, NM 88003	Certified Mail C Express Mail
	Registered X Return Receipt for Merchandise Insured Mail C.C.O.D.		Registered Return Receipt for Merchandi: Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number 2002 051	0 0000 9384 7000 ,	2. Article Number 2001	0 0007 2763 4605
	<u></u>	(Transfer from service label)	
PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	stum Receipt 102595-01-M-2
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.		item 4 if Restricted Delivery is desired.	X Bussim Moken Agent
Print your name and address on the reverse so that we can return the card to you.	XMRS. Bobby B Ttamlett - Addressee	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delive
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery . MRS BODDY B HAM/ett		B. Haceived by (Frinted Ivanie)
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address, below, DNo
		1	
		· · · · · ·	and the second
Bobby B Hamlett		Oscar Alfredo Mojica	The second se
PO Box 814	3. Service Type	317 W. Castle	3. Service Type
Hobbs, NM88241	Certified Mail Express Mail	Hobbs, NM88240	Certified Mail
:	Registered A Return Receipt for Merchandise		Registered ER Return Receipt for Merchandis
	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fae) Yes		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number		2. Article Number 2003 (161	LO 0000 9384 6423
	510 0000 9384 7222	(Transfer from service label)	
PS Form 3811, August 2001 Domestic Re	etum Receipt 102595-01-44-2509	PS Form 3811, August 2001 Domestic Re	tum Receipt 102595-01-M-2
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Sigpeture	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X JONNEV Mackey Addressee	item 4 if Restricted Delivery is desired.	X Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	B, Received by (Printed Name) C. Date of Deliver
 Attach this card to the back of the mailpiece, or on the front if space permits. 	LACCONEY Mackey 5/23/2	Attach this card to the back of the mailpiece,	L. Maptinez 5-24-0
1. Article Addressed to:	D. Is delivery address different from item 17 dises	or on the front if space permits.	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below; INO	1. Article Addressed to:	If YES, enter delivery address below:
Albuquerque Environmental Health			1300 E. Silver
			HOBBS, NM 88240
Director PO Box 1293	l	Rosa R. Martinez	polory, rome of the
Albuquerque, NM 87103	3. Service Type	402 Shipp Dr	3. Service Type
Albuqueique, initi 37105	X Certified Mail Express Mail	Hobbs, NM88240	Certified Mail Express Mail
	Registered A Return Receipt for Merchandise		Registered
	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number 2001, 25	10 0007 2763 5136	2. Article Number 2002 ft 51	LO 0000 9384 6621
	······································	(iransier nom service label)	
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-25
Mercenet construction and an and an and	,		

.....

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A Signate X X Agent	 Complete items 1, 2, and Also complete item 4 if Restricted Delta desired. Print your name and add on the reverse 	A. Signature X C. M. R.ib MOTTCH & Addr
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of De
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 1? U vas
1. Article Agoressed to:	If YES, enter delivery address below: 🗆 No	1. Anicia Addressed to.	If YES, enter delivery and less below:
Pueblo of Laguna		NM Municipal League	
Governor	[PO Box 846	ANAS
PO Box 194	3. Service Type	1229 Paseo De Peralta	3. Service Type
Laguna, NM 87026	Certified Mail Express Mail Registered ZEReturn Regist for Marchanelise	Santa Fe, NM 87501	Certified Mail
	Insured Mail C.O.D.	_	□ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7001 2	510 0007 2763,4582		10 0007 2763 4551
PS Form 3811, August 2001 Domestic F	Return Receipt 102595-01-M-2505	PS Form 3811, August 2001 Domestic R	Return Receipt 102595-01-4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
		Complete items 1, 2, and 3. Also complete	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	item 4 if Restricted Delivery is desired.	X ACC
Print your name and address on the reverse so that we can return the card to you.	Addressee	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deli
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	Den Hanrock St op
or on the front if space permits.	0. Is delivery address different from item 1?	1. Article Addressed to:	D. Is delivery address different from them 1.7 D Yes
1. Article Addressed to:	If YES, enter delivery address below: No		If YES, enter delivery address below 1 No.
•		Ī	
Director		Chris Shuey	
Water Resources Dept.		SW Research & Info	L
PO.Box 1293	3. Service Type	PO Box 4524	3. Service Type
Albuquerque, NM 87103	Certified Mail Express Mail Registered Ketum Receipt for Merchandise	Albuquerque, NM 87106	Registered 🛛 🛱 Return Receipt for Merchan
1	□ Insured Mail □ C.O.D.	-	C Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7001 253	LO 0007 2763 430A	2. Article Number - (Transfer from service label) 7001 2510	 0
PS Form 3811, August 2001 Domestic Re	etum Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	tum Receipt To2595-01-M
		·	
			COMPLETE THIS SECTION ON DELIVERY
	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X für hellen Dieley Agent
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X Hit Hillen Dicles, Agent B. Received by (Printed Name) C. Gate of Del
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Hart Helen Diele, Agent B. Beceived by (Printed Name) Xer Marca Dielen J. Sata of Deli Xer Marca Dielen J. Sata of Deli Xer Marca Dielen J. Sata of Deli D. Is delivery address different from item 1? I Yes
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent X Agent B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Ves	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X Kit blich Diccles Agent B. Baceived by (Printed Name) & Bate of Deli Kit blich Dick Ing
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Agent Addressee B. Received by (<i>Printed Name</i>) C. Date of Delivery D. Is delivery address different from item 1? Yes If VES, enter delivery address below: No	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Hit blich Dicles Adgent B. Received by (Printed Name) Bate of Dell Her Blice Dic, Lin D' 2-3 D. Is delivery address different from item 1? Yes
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	A. Signature Agent X Agent B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Ves	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X Hit blich Dicles Adgent B. Received by (Printed Name) Bate of Dell Her Blice Dic, Lin D' 2-3 D. Is delivery address different from item 1? Yes
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Lupe Rodriguez	A. Signature Agent Agent Addressee B. Received by (<i>Printed Name</i>) C. Date of Delivery D. Is delivery address different from item 1? Yes If VES, enter delivery address below: No	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Hit blich Dicles Adgent B. Received by (Printed Name) Bate of Dell Her blich Dr. Jun D'
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 1. Article Addressed to: Bob Steele 	A. Signature Agent Agent Agent Agent Agent Addres B. Beceived by (Printed Name) 5-75 (1997) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Lupe Rodriguez -Rodriguez 1997 Living Trust	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Bob Steele Land & Minerals 	A. Signature Agent X Address B. Baceived by (Printed Name) Bate of Deli XCTALscan Dic, Lang Date of Deli XCTALscan Dic, Lang Date of Deli Vertice and the set of the
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Lupe Rodriguez -Rodriguez 1997 Living Trust P O Box 3563	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Bob Steele Land & Minerals PO Box 194 	A. Signature Agent X Address B. Beceived by (Printed Name) C. Date of Delit XUTAL:c.c. Address D. Is delivery address different from item 1? Ys If YES, enter delivery address below: No 3. Service Type Xorride Mail Express Mail Express Mail
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Lupe Rodriguez -Rodriguez 1997 Living Trust P O Box 3563	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Bob Steele Land & Minerals PO Box 194 	A. Signature A. Signature A. Signature A. Signature A. Agent Address A. Signature Agent A. Signature A. Signature
Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Lupe Rodriguez -Rodriguez 1997 Living Trust P O Box 3563 Saratoga, CA95070	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Frint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Bob Steele Land & Minerals PO Box 194 Laguna, NM 87026	A. Signature A. Signature A. Signature A. Signature A. Agent Address A. Signature Agent Agent

-

.

.

			-	
SENDER: COMPLETENTISSECTION Complete items 1, 2, and 3. Also cr item 4 if Restricted Delivery is desin Print your name and address on the so that we can return the card to you Attach this card to the back of the or on the front if space permits. 1. Article Addressed to:	complete ired. ne reverse you.	COMPLETETHIS SECTION ON DELIVERY lagure MILA Purce Agent Addressee B. Received by (Eginted Name) LINCA PLENCE 5 23 2 D. Is delivery address different from item 17 (1985)	SENDER: COMPLE STHIS SECTION Complete items and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Sigilature X/L
J.D. Windham 1605 S. Cochran Hobbs, NM88240		If YES, enter delivery address below: No 3. Service Type 27 Certified Maii Express Maii Certified Maii Express Maii Registered 72 Return Receipt for Merchandise Insured Maii C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	1. Article Addressed to: Donna Rae Esquibel Estate of Velma Wise 4320 Aspen N.E. Albuquerque, NM87110	If YES, enter delivery address below: No 3. Service Type Yd-Certified Mail Express Mail Registered Keturn Receipt for Merchand Insured Mail C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) Yes
2. Article Number	7002 051	E 0000 9384 7383	2. Article Number 7001 a c	
(Transfer from service label) PS Form 3811, August 2001		aturn Receipt 102595-01-M-2509		LD 0007 2763 4346 Refurn Receipt 102595-01-M-2
-			}	
SENDER: COMPLETETHIS SECTO Complete items 1, 2, and 3. Also co item 4 if Restricted Delivery is desir Print your name and address on the so that we can return the card to yo Attach this card to the back of the r or on the front if space permits.	complete ired, ne reverse rou,	COMPLETE THIS SECTION ON DEUVERY A Signature XTURLO Q QUICKLO Addressee B. Becaved by (Printed Name) C Date of Delivery . C Date of Delivery . S D3 / 2	 SENDER: COMPLETE THIS SECTION Complete items, 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY A Signature A signature A contract of the section of the se
t. Article Addressed to: Tersa De Jesus Mejorado	t 3	D. Is delivery address different from item 1?	1. Article Addressed to: Joyce Earlene King 307 West Shipp Dr	If YES, enter delivery address below:
1237 S. Cochran Hobbs, NM88240	i , ,	3. Service Type Ø. Certified Mail Express Mail Insured Ø. Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	Hobbs, NM88240	3. Service Type 2. Certified Maii Express Maii Registered Insured Maii C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number			2. Article Number 7002	0510 0000 9384 7338
(Transfer from service label) PS Form 3811, August 2001	2002 US	」 0 0 0 0 0 9 3 4 4 6 5 9 0 Murrn Receipt 102595-01-44-2509		leturn Receipt 102595-01-M-25
SENDER: COMPLETENTIS SECTIO Complete items 1, 2, and 3. Also co- item 4 if Restricted Delivery is desire Print your name and address on the so that we can return the card to you Attach this card to the back of the m or on the front if space permits. Article Addressed to:	omplete red. a reverse ou.	COMPLETT THIS SECTION ON DELIVERY A. Signature A. Signature A. Signature A. Signature B. Heavied by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	COMPLETE THIS SECTION ON DELIVERY A. Signature
	·]		Gillermo Rodriguez	
David Nance 1231 S. Cochran Hobbs, NM88240		Service Type Cartified Mail □ Express Mail Registered ☑ Return Receipt for Merchandise Insured Mail □ C.O.D. Restricted Delivery? (Extra Fee) □ Yes	405 Rainbow Hobbs, NM88240	3. Service Type Ø Certified Mail Express Mail Registered Ø Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Dailvery? (Extra Fee) Yes
1231 S. Cochran	7002 05	Image: Certified Mail Express Mail Registered Image: Certified Mail Image: Comparison of the certification of t	Hobbs, NM88240	전 Certified Mail

|

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature X Agent Brigeceved by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery S-25-US D. Is delivery address different from item 1? Ves	 Complete items 1, 2, and a Also complete item 4 if Restricted Deither desired. Print your name and ad on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. I drick addressed to: 	A. Signature X. A. Signature A. Signature A. Signature A. Signature A. Signature A. Date of Deliver A. Date of Deliver A. Date of Deliver D. ts delivery address different from item 1? Urse
1. Article Addressed to: Clarence Stevenson	If YES, enter delivery address below: 🗍 No	1. Article Addressed to:	If YES, enter delivery address below: No
417 W. Palace		Lonnie G Hill	
Hobbs, NM88240	3. Service Type	Etollia Scantling	3. Service Type
, 11106240	100 Certified Mail □ Express Mail □ Registered 100 Return Receipt for Merchandise □ Insured Mail □ C.O.O.	Star Rt A Box 102 Hobbs, NM88240	Centified Mail Express Mail Registered Afturn Receipt for Merchand Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	<u></u>	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7002 (Transfer from service label)	0510 0000 9384 6867	2. Article Number 70012	510 0007 2763 5114
and the second	eturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic R	sturn Receipt 102595-01-M-2
			COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Jourso Dake Agent Addressi B. Received by (Printed Name) Deans Daker S123/2
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 17 2 Yes If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1?
William F. McNeill Will Terry Trust PO Box 1068 Hobbs, NM88241	Service Type Service Type Service Type Detertified Mail □ Express Mail Degistered ♀ Return Receipt for Merchandise	Billy E. Baker, Jr. 316 W. Castle Hobbs, NM88240	3. Service Type 2 Certified Mail Argistered Argistered Argistered Flaturn Receipt for Merchandis Insured Mail C.O.D.
	Insured Mail G.C.O.D. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number		2. Article Number (Transfer from service label) 7002051	0000 9384 7307
(Transfer from service label) 7001 251 S Form 3811, August 2001 Domestic Re	0 0007 2763 4322 turn Receipt 102595-01-04-2509		turn Receipt 102595-01-M-2
		(
SENDER: COMPLETE THIS SECTION		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attact this card to the back of the mailpiece, 	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X TO Man & Agent X Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Altron Core Addressee B. Received by (<i>Printed Name</i>) D. Is delivery address different from item 1? Yes	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpieca, or on the front if space permits. Article Addressed to: Jimmy James Jones Billy E. Walker	A. Signature Agent Addresse B. Received by (<i>Printed Name</i>) C. Date of Deliver D. Is delivery address different from item 17 Ves If YES, enter delivery address below: No
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Edmundo Fernandez 	A. Signature Agent,	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Jimmy James Jones 	A. Signature Agent XM2Thu W MM Addresse B. Received by (Printed Name) C. Date of Deliver J. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Ø Certified Mail Ø Registered Ø Return Receipt for Merchandise Insured Mail C.O.D.
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Edmundo Fernandez Eari Cowger 111 E. Palace Hobbs, NIM88240 	A. Signature A	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Jimmy James Jones Billy E. Walker 1411 S. Turner Hobbs, NM88240 	A. Signature Agent Addresse Addresse B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from litern 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Edmundo Fernandez Earl Cowger 111 E. Palace Hobbs, NM88240 Article Number 	A. Signature A	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Jimmy James Jones Billy E. Walker 1411 S. Turner Hobbs, NM88240 Article Numper	A. Signature Agent XM2Thu WMM Addresse B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from litern 1? Yes If YES, enter delivery address below: No 3. Service Type Ø Certified Mail Express Mail Registered Insured Mail C.O.D.

ļ

SENDER: COMPLETE THIS SECTION	COMP* TE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Ste X Mary Les Sto B. Received by (<i>frinted Name</i>) C. Date of Dailvery 5-23	 Complete items 1, 2, 4 Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attact this card to the back of the mailpiece, or on the front if space permits. 	A Signature X B. Received by (,
1. Article Addressed to:	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: No	1 1. Article Addressed to:	D. Is delivery address If YES, enter delive
James A. De Soto 205 W. Palace		Cecil Wayne Luttrull Violet Louise Luttrull	
Hobbs, NM88240	3. Service Type 30 Certified Mail Express Mail Registered 10 Recipt for Merchandise Insured Mail 0.0.0. 4. Restricted Delivery! (Extra Fee)	321 W. Palace Hobbs, NM88240	3. Service Type 3. Certified Mail Expn Registered Al Return Registered C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 70020	510 0000 9384 7185	2. Article Number (Transfer from service label) 700205	LO 0000 9384 6737
PS Form 3811, August 2001 Domestic F	letum Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic R	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X / A Agent B. Received by (Printed Name) C. Date of Delivery 5-25	 Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. C. Date of L B. Received by (Printed Name) C. Date of L S-23
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	1. Article Addressed to:	 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Oscar E. Teilo 305 W. Temple		Walter E. Cook 307 W. Palace	
Hobbs, NM88240	3. Service Type D_Certified Mail C Express Mail Registered D Return Receipt for Merchandise Insured Mail C.O.D.	Hobbs, NM88240	3. Service Type 2 Certified Mail Express Mail Registered Areurn Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Ves
2. Article Number 7002 051	4. Restricted Delivery? (Extra Fee) [] Yes	2. Article Number 7002 0511 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) D Yes 0.000 9384 6195
(Transfer from service label) 1002 031 PS Form 3811, August 2001 Domestic Re	sturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Retu	um Receipt 102595-01-M-2506
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits, 	A. Signature X. (co	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maipiece, or on the front if space permits. 	A Signature
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to: Gregory W. Shoults	 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Joe Snider 405 W. Temple Hobbs, NM88240	3. Service Type	301 W. Palace Hobbs, NM88240	3. Service Type
	Z Certified Mail Express Mail Registered Z Return Receipt for Merchandise Insured Mail C.O.D.		Certified Mail Express Mail Registered Z Return Receipt for Merchandise Insured Mail C.O.D. A. Restricted Delivery? (<i>Extra Fee</i>) Yes
2. Article Number (Transfer from service label) 70020	4. Restricted Delivery? (Extra Fee) 510 0000 9384 6997	2. Article Number (Transfer from service label) 7002 0	510 0000 9384 6560
PS Form 3811, August 2001 Domestic Re		PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-250

.

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
		A. Signature		· · · · · · · · · · · · · · · · · · ·
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A, signature	Complete items 1, 2, and Also complete	A. Signature
1	Print your name and address on the reverse	X Care ann Kund DAddressee	item 4 if Restricted De desired.	X Alm Agent
	so that we can return the card to you.	8. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Den
	Attach this card to the back of the mailpiece,	5-23	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Dein
	or on the front if space permits.	D. Is delivery address different from item 17 Yes	or on the front if space permits.	
	1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
				I TES, enter derivery address below: LI NO
	Charles H Byrd		4 }:	
			Floyd M. Harmon	
	410 Shipp Dr	3. Service Type	Randell L. Boles	3. Service Type
	Hobbs, NM88240	Certified Mail Express Mail	214 Shipp Dr	D Certified Mail Express Mail
		Registered X Return Receipt for Merchandise	Hobbs, NM88240	Registered PReturn Receipt for Merchand
		Insured Mail C.O.D.	110005, 1110108240	Insured Mail C.O.D.
	·	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
	2. Article Number		2. Article Number	······
	(Transfer from service label) (UUE US)	0 0000 9384 6751	(Transfer from service label)	510 0007 2763 5091
	. PS Form 3811, August 2001 Domestic	Return Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic F	Neturn Receipt 102595-01-M-2
				ivessore intera
	·····	· · · · · · · · · · · · · · · · · · ·	J	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
	Print your name and address on the reverse	X/MARC AT REAddressee	 Print your name and address on the reverse 	
	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by Printed Name) C. Date of Delive
	Attach this card to the back of the mailpiece, or on the front if space permits.	5-23.	Attach this card to the back of the mailpiece, or on the front if space permits.	5-23
		D. Is delivery address different from item 1? Yes	<u></u>	D. Is delivery address different from item 1? Yes
	1. Article Addressed to:	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: INO
		1	ŗ.	
	Vernon H. Smith		Velma V. Perkins	
	101 E. Palace		212 Shipp Dr	
	Hobbs, NM88240	3. Service Type		3. Service Type
	11100240	🖾 Certified Mail 🔲 Express Mail	Hobbs, NM88240	Certified Mail
		Registered Return Receipt for Merchandise		Registered P Return Receipt for Merchandis
		Insured Mail C.O.D.		Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
	2. Article Number 7002	0510 0000 9344 L201	2. Article Number 7002 01	
	(Transfer from service label) ? UU d	0510 0000 9384 6201	(Transfer from service label) ? U U 2 0 5	10 0000 9384 6218
	(Transfer from service label) ? U U d	0510 0000 9384 6201	(Transfer from service label) 700205	10 0000 9384 6218 Hum Receipt 102595-01-1425
	(Transfer from service label) ? UU d		(Transfer from service label) ? U U 2 0 5	
	(Transfer from service label) ? U L 2 PS Form 3811, August 2001 Domestic F	letum Receipt 102595-01-14-2509	(Transfer from service label) ? U U 2 0 5	stum Receipt \$2595-01-#25
	(Transfer from service label) ? UU 2 PS Form 3811, August 2001 Domestic F	leturn Receipt 102595-01-M-2509	(Transfer from service label) ? U U 2 0 5	
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	Return Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A. Signature	(Transfer from service label) 7 UU2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIES SECTION	stum Receipt \$2595-01-#25
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Intervent Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A. Signature X. Tool	(Transfer from service label) ? UU2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETETHISSECTION ON DELIVERY
	(Transfer from service label) PULC PS Form 3811, August 2001 Domestic F SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	Intervent Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A Signature X T Rugger H B and T Addressee	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	sturn Receipt x2595-01-4425 COMPLETETHISSECTION ON DELIVERY A. Signature X July 201 X July 201
	(Transfer from service label) PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece,	Intervent Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A. Signature X. Tool	(Transfer from service label) ? UU2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X. Multiple Complete THIS SECTION ON DELIVERY A. Signature A. Signature A. Signature B. Received by (Printed Name) C. Date of Deliver
	(Transfer from service label) YULE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A Signature X 73 B. Received by (Printed Name) C. Date of Delivery S - 2 - 3	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	sturn Receipt x2595-01-4425 COMPLETE THIS SECTION ON DELIVERY Agent A. Signature Agent X Julie B. Received by (Printed Name) C Date of Deliver
	(Transfer from service label) PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece,	Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY Agent A Signature Agent X 73 Addressee B. Receiver by (Printed Name) C. Date of Delivery	(Transfer from service label) ? UU2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attact this card to the back of the malipiece,	A. Signature Image: Complete and the second secon
	(Transfer from service label) YULE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	Itetum Receipt 102595-01-M-2509 Interpret Inte	(Transfer from service label) ? ЦЦ2 1 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	sturn Receipt x2595-01-4425 COMPLETE THIS SECTION ON DELIVERY Agent A. Signature Agent X Julie B. Received by (Printed Name) C Date of Deliver
	(Transfer from service label) YULE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	Itetum Receipt 102595-01-M-2509 Interpret Inte	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to:	A. Signature Image: Complete and the second secon
	(Transfer from service label) YULE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	Itetum Receipt 102595-01-M-2509 Interpret Inte	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman	A. Signature Image: Complete and the second secon
	(Transfer from service label) YULE PS Form 3811, August 2001 Domestic F SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to:	Itetum Receipt 102595-01-M-2509 Interpret Inte	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman	A. Signature Image: Complete and the second secon
	(Transfer from service label) YULE PS Form 3811, August 2001 Dornestic F SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace	Intervent Receipt 102595-01-M-2509 Image: Complete THIS SECTION ON DELIVERY A. Signature X X B. Receivery by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Service Type	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr	A. Signature Image: Complete the section on delivery A. Signature Image: Complete the section on delivery A. Signature Image: Complete the section of delivery A. Signature Image: Complete the section of delivery B. Received by (Printed Name) C Data of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr.	A. Signature Image: Complete term in the second	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman	A. Signature Image: Complete and the second secon
	(Transfer from service label) YULE PS Form 3811, August 2001 Dornestic F SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace	Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A. Signature X. 73 B. Received by (Printed Name) C. Date of Delivery S	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr	A. Signature Image: Complete THIS Section on Delivery B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Cartified Mail Express Mail Imagistered X Return Receipt for Merchandise
	(Transfer from service label) YULE PS Form 3811, August 2001 Dornestic F SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace	A Signature A Agent X X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Date of Mail Cardified Mail Express Mail Registered E. Received Key	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr	sturn Receipt x2595-01-#25 COMPLETE THIS SECTION ON DELIVERY A. Signature X Autor B. Received by (Printed Name) C_Date of Deliver D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No 3. Service Type Q Centified Mail Express Mail Express Mail
	(Transfer from service label) PULLE PS Form 3811, August 2001 Domestic F SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240	Receipt 102595-01-M-2509 COMPLETE THIS SECTION ON DELIVERY A. Signature X. 73 B. Received by (Printed Name) C. Date of Delivery S	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr	A. Signature Image: Complete THIS Section on Delivery B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Mail Cartified Mail Express Mail Registered X Return Receipt for Merchandise
	(Transfer from service label) YULE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240	A Signature ID2595-01-M-2509 X X A Signature ID2695-01-M-2509 X X B. Received by (Printed Name) ID2695-01-M-2509 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type I Receiver delivery address below: Image: Address delivery address below: No Image: Address delivery address delivery address below: No Image: Address delivery address delivery address delivery address delivery ad	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240	A. Signature Image: Complete the second
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A. Signature A Signature X X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No 3. Service Type Express Mail Registered El Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETENTIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240	A. Signature Agent X Autor B. Received by (Printed Name) C Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Keyistered M. Gertified Mail Express Mail Insured Mail C.O.D.
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? ЦЦ2 0 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Sigpature
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Signature Agent X Automatic Section on Del/Weay A. Signature Addresse B. Received by (Printed Name) C Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Express Mail Registered Return Receipt for Merchandise Insured Mail C C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Signature Agent X Automatic Section on Del/Weay A. Signature Addresse B. Received by (Printed Name) C Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Express Mail Registered Return Receipt for Merchandise Insured Mail C C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Signature Agent X Automatic Section on Del/Weay A. Signature Addresse B. Received by (Printed Name) C Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Express Mail Registered Return Receipt for Merchandise Insured Mail C C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	(Transfer from service label) YUUE PS Form 3811, August 2001 Domestic F SENDER: COMPLETETHIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Raymond Bryant Jr. 102 E. Palace Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 05	A Signature A Signature X X B. Received by (Printed Name) C. Data of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type C. Data of Mail Control Control Express Mail Registered Express Mail Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ? Ш2 05 PS Form 3811, August 2001 Domestic Re SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malpiece, or on the front if space permits. 1. Article Addressed to: Herbert F. Widman 411 Shipp Dr Hobbs, NM88240 2. Article Number (Transfer from service label) 7002 0510	A. Signature Agent X Automatic Section on Del/Weay A. Signature Addresse B. Received by (Printed Name) C Date of Deliver D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Express Mail Registered Return Receipt for Merchandise Insured Mail C C.O.D. 4. Restricted Delivery? (Extra Fee) Yes

I

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLET VIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3, Also complete		Complete items 1 3. Also complete	A. Signature		
item 4 if Restricted Delivery is desired.	× 40 auch B. agent	item 4 if Restricted Delivery is desired.	X Tille Agent		
Print your name and address on the reverse so that we can return the card to you.		V = Print your name and address on the reverse so that we can return the card to you.	Address		
 Attach this card to the back of the mailpiece, 	B. Freceived by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delive		
or on the front if space permits.	D. Is delivery address different from item 1? Ves	or on the front if space permits.	D. is delivery address different from item 1? Yes		
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:		
	· · ·				
Jaime Baeza			11		
Yoland Baeza		Tommie J. Wormly	-		
304 West Rainbow	3. Service Type	406 S. Shipp Dr	3. Service Type		
Hobbs, NM88240	Certified Mail CExpress Mail	Hobbs, NM88240	Certified Mail		
	 Registered Return Receipt for Merchandise Insured'Mail C.O.D. 		Registered G Return Receipt for Merchandi Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee)	-	4. Restricted Delivery? (Extra Fee)		
2. Article Number		2. Article Number 2003 or 1			
(Transfer from service lebel) 7003	2510 0007 2763 4612	(Transfer from service label)	5559 48EP 0000		
PS Form 3811, August 2001 Domest	ic Return Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic F	leturn Receipt 102595-01-M-25		
		·			
		•.			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature		
 Print your name and address on the reverse 	X A rine Dation - Addressee	item 4 if Restricted Delivery is desired.	X Aulinn On Sve Address		
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Beceved by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Data of Delive		
 Attach this card to the back of the manplece, or on the front if space permits. 	5-23	Attach this card to the back of the mailpiece, or on the front if space permits.	5-23		
1. Article Addressed to:	D. Is delivery address different from item 1? Yes		D. Is delivery address different from item 17		
	If YES, enter delivery address below: 🛛 No	1. Article Addressed to:	If YES, enter delivery address below: No		
		1			
Irene Gaston		Ramon C. Orona			
124 W. Castle		Glenn & Cheryl Todd			
Hobbs, NM88240	3. Service Type	406 West Rainbow	3. Service Type		
	2 Certified Mail 🖸 Express Mail	Hobbs, NM88240	Certified Mail		
	Registered P Return Receipt for Merchandise Insured Mail C.O.D.	110005, 110188240	Registered Return Receipt for Merchandis		
		-	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes		
	4. Restricted Delivery? (Extra Fee)	•			
ו בווחכ		2. Article Number			
(Transfer from service label) ? 0.02.1	4. Restricted Delivery? (Extra Fae) [] Yes 510 0000 9344 7154	2. Article Number 7002 0	510 0000 9384 6454		
(Ifransfer from service label) ?002		(Transfer from service label) ? [] []			
(Transfer from service label) ? [] [] 2	JS10 0000 9384 7154	(Transfer from service label) ?UU2 U. PS Form 3811, August 2001 Domestic R	510 0000 9384 6454		
(Transfer from service label) ? 0 0 2	JS10 0000 9384 7154	(Transfer from service label) ?UU2 U. PS Form 3811, August 2001 Domestic R	510 0000 9384 6454 Inturn Receipt 102595-01-M-25		
(Transfer from service label) ? 0 0 2	JS10 0000 9384 7154	(Transfer from service label) ?UU2 U. PS Form 3811, August 2001 Domestic R	510 0000 9384 6454 Inturn Receipt 102595-01-M-25		
(Transfer from service label) 7002 (PS Form 3811, August 2001 Domes	JS10 0000 9384 7154	(Transfer from service label) ? [1] 2 [1] PS Form 3811, August 2001 Domestic R	510 0000 9384 6454 Inturn Receipt 102595-01-14-22		
(Transfer from service label) 7 [] [] 2 PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest Sevent Completence Complete items 1, 2, and 3. Also complete	1510 0000 7384 7154 ic Return Receipt 102595-01-M-2509 ic COMPLETE THIS SECTION ON DELIVERY A. Siggeture	(Transfer from service label) ? [1] 2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION *	51000093846454 etum Receipt vozses-01-4425 GOMPLETE TAIS SECTION ON DELIVERY		
PS Form 3811, August 2001 Domes: SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Resulted Delivery is desired.	1510 0000 1384 7154 ic Return Receipt 102595-01-M-2509 <i>COMPLETETHIS SECTION ON DELIVERY</i> A. Signature Y. G. J. Gagent	(Transfer from service label) ? [1] 2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. *	Sh 0 0 0 0 0 9 38 4 6 4 5 4 eturn Receipt 102595-01-M-22 COMPLETE THIS SECTION ON DELIVERY A. Signatuffe		
(Transfer from service label) ? [] [] ? [] [] ? [] PS Form 3811, August 2001 Domest SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	1510 0000 9364 7154 ic Return Receipt 102595-01-M-2509 ic COMPLETE THIS SECTION ON DELIVERY A. Signature X. Signature X. Signature X. Signature A. Signature X. Support Section On DELIVERY	(Transfer from service label) ?UU2 (PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. * Print your name and address on the reverse *	COMPLETE THIS SECTION ON DELIVERY A. Signar fie X. Mutor. Brey Addressed		
(Transfer from service label) 7002 (Transfer from service label) 7002 (PS Form 3811, August 2001 Domest Domest Domest SENDER: COMPLETETHIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece,	1510 0000 1384 7154 ic Return Receipt 102595-01-M-2509 <i>COMPLETETHIS SECTION ON DELIVERY</i> A. Signature Y. G. J. Gagent	(Transfer from service label) /UU2 (Transfer from service label) /UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malipiece,	Sh 0 0 0 0 0 9 384 6 4 5 4 eturn Receipt 102595-01-M-22 COMPLETE THIS SECTION ON DELIVERY A. Signatuffe		
(Transfer from service label) 7002 PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	1510 0000 7344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature X. X. X. B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	(Transfer from service label) ? [1] 2 (Transfer from service label) ? [1] 2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you.	Sh0 0000 9384 6454 eturn Receipt eturn Receipt COMPLETE TAIS SECTION ON DELIVERY A. Signatule Image: Colspan="2">Agent X Mart Shi Magent B. Received by (Printed Name) C. Date of Delivery		
(Transfer from service label) ? [] [] ? [] [] ? [] PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	1510 0000 1384 7154 to Return Receipt to COMPLETE THIS SECTION ON DELIVERY A. Signature A Signature X. Mumu Agent B. Received by (Printed Name) C. Date of Delivery 5 - 23	(Transfer from service label) /UU2 (Transfer from service label) /UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the malipiece,	COMPLETE THIS SECTION ON DELIVERY A. Signar fie X. Mutor. Brey Addressed		
(Transfer from service label) ? [] [] ? [] [] ? [] PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	1510 0000 7344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature X. X. X. B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	(Transfer from service label) ?UU2 (Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. * Print your name and address on the reverse so that we can return the card to you. * Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to;	Sh0 0.000 9384 6454 eturn Receipt eturn Receipt COMPLETE TAIS SECTION ON DELIVERY A. Signatufe Image: Colspan="2">Agent X Market C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes		
(Transfer from service label) 7002 ((Transfer from service label) 7002 (PS Form 3811, August 2001 Domesi Domesi Domesi Domesi SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	1510 0000 7344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature X. X. X. B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	(Transfer from service label) ?UU2 (Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired. * Print your name and address on the reverse so that we can return the card to you. * Attach this card to the back of the mailpiece, or on the front if space permits. * 1. Article Addressed to: Juaden A. Baeza	Sh0 0.000 9.384 6454 eturn Receipt eturn Receipt COMPLETE TAIS SECTION ON DELIVERY A. Signatufe Image: Colspan="2">Agent X Marcel Andresset B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes		
(Transfer from service label) 7002 ((Transfer from service label) 7002 (PS Form 3811, August 2001 Domesi Domesi Domesi Description (Description) (Complete items 1, 2, and 3. Also complete item 4 if Restricted Descrivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap	1510 0000 7344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature X. X. X. B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle •	Sh0 0.000 9.384 6454 eturn Receipt eturn Receipt COMPLETE TAIS SECTION ON DELIVERY A. Signatufe Image: Colspan="2">Agent X Marcel Andresset B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes		
(Transfer from service label) 7002 (PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap 310 W. Rainbow	1510 0000 7344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature X. X. X. B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	(Transfer from service label) ?UU2 (Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired. * Print your name and address on the reverse so that we can return the card to you. * Attach this card to the back of the mailpiece, or on the front if space permits. * 1. Article Addressed to: Juaden A. Baeza	Sh 0 0 0 0 9 384 6 4 5 4 etum Receipt 102595-01-44-22 A. Signature Image: Complement of the second se		
(Ifansfer from service label) ? [] [] ? [] ? [] ? [] PS Form 3B11, August 2001 Domest PS Form 3B11, August 2001 Domest SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Resurcted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. . Article Addressed to: Sharron D. Millsap	1510 00000 1344 7154 Increased Increased <td <="" colspan="2" td=""><td>(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle •</td><td>SLO QQQQ 9384 6454 intermation of the second sec</td></td>	<td>(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle •</td> <td>SLO QQQQ 9384 6454 intermation of the second sec</td>		(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle •	SLO QQQQ 9384 6454 intermation of the second sec
(Transfer from service label) 7002 (PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap 310 W. Rainbow	1510 0000 1344 7154 ic Return Receipt ICESS COLOR ON OF DELIVERY A. Signature	(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle •	Sh 0 0 0 0 0 9 38 4 6 4 5 4 etum Receipt 102595-01-M-22 A Signature Image: Completene processing of the second seco		
(Transfer from service label) 7002 (PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap 310 W. Rainbow	1510 0000 1344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature Agent X. Muscular Agent X. Muscular C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Of Return Receipt for Merchandiae Insured Mail C.O.D.	(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle •	Sh 0 0 0 0 0 9 38 4 6 4 5 4 etum Receipt 102595-01-14-22 A. Signatule Image: Section on oneLivery A. Signatule Image: Agent X Image: Agent B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No 3. Service Type Image: Actum Receipt for Merchandise Image: Insured Mail C.O.D.		
(Transfer from service label) 7002 PS Form 3811, August 2001 Domest Destruction Domest SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap 310 W. Rainbow Hobbs, NM88240	1510 0000 1344 7154 ic Return Receipt ICESS COLOR ON OF DELIVERY A. Signature	(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION • Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. • Print your name and address on the reverse so that we can return the card to you. • Attach this card to the back of the mailpiece, or on the front if space permits. • 1. Article Addressed to: Juaden A. Baeza 117 W. Castle Hobbs, NIM88240	Sh 0 0 0 0 0 9 38 4 6 4 5 4 etum Receipt 102595-01-M-22 A Signature Image: Completene processing of the second seco		
(Transfer from service label) 7002 PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap 310 W. Rainbow Hobbs, NM88240	1510 0000 1344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature Agent X. Muscular Agent X. Muscular C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Of Return Receipt for Merchandiae Insured Mail C.O.D.	(Transfer from service label) ////////////////////////////////////	Sh 0 0 0 0 0 9 38 4 6 4 5 4 etum Receipt 102595-01-M-22 A Signatule Incertifies Agent X Image: Section on Delivery A Signatule Image: Section on Delivery A Signatule Image: Section on Delivery B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No 3. Service Type Image: Section of Printed Relivery address below: 3. Service Type Image: Return Receipt for Merchandise Insured Mail C,O.D.		
(Transfer from service label) 7002 PS Form 3811, August 2001 Domest PS Form 3811, August 2001 Domest (ENDER: COMPLETE THIS SECTION) Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. Article Addressed to: Sharron D. Millsap 310 W. Rainbow Hobbs, NM88240 7002	1510 0000 1344 7154 ic Return Receipt 102595-01-M-2509 ic Return Receipt 102595-01-M-2509 A. Signature Agent X 102230507-M-2509 B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type 2 Certified Mail Express Mail Certified Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	(Transfer from service label) ?UU2 PS Form 3811, August 2001 Domestic R SENDER: COMPLETE THIS SECTION * Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. * Print your name and address on the reverse so that we can return the card to you. * Attach this card to the back of the mailpiece, or on the front if space permits. * Juaden A. Baeza 117 W. Castle Hobbs, NM188240 *	SLO QQQQ 9384 6454 Interview of the second secon		

.]

	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature		A. Signature
item 4 if Restricted Delivery is desired.	Agent	Complete items 1, 2, and Also complete item 4 if Restricted Deli desired.	
Print your name and address on the reverse so that we can return the card to you.	X/1. Kontri Gullin Addresses	Print your name and add on on the reverse	Xy ada Change Contract Addres
Attach this card to the back of the mailpiece,	B. Received by ((Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B/ Received by (Printed Name) C. Date of Deliv
or on the front if space permits.	D. Is delivery address different from item 1? Yes Yes	or on the front if space permits.	T. GONZALES SZZA
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	D. Is delivery address different from item 1?
			If YES, enter delivery address below: No
Roy L Bulter		Ponciano P Gonzales	
: 103 E. Palace		402 Rainbow	
Hobbs, NM88240	3. Service Type	Hobbs, NM88240	3. Service Type
	Image: Provide the second se		Certified Mail
	Insured Mail C.O.D.		Registered Registered Return Receipt for Merchand Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		
2. Article Number			4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label)	0510 0000 9384 6638	2. Article Number (Transfer from service label) 7002 05	10 0000 9384 6447
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-01-M-2509		eturn Receipt 102595-01-M-2
	······		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Lola Adent Adent	item 4 if Restricted Delivery is desired.	X mining direction Date
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delive
Attach this card to the back of the mailpiece, or on the front if space permits.		Attach this card to the back of the mailpiece,	Daniel Tucker Sz. 3-9
Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: 🛛 No
WL Dunnam		D (11 Tesler	
Estate of Lola E Dunnam		Daniel J. Tucker	
Box 253	3. Service Type	1020 E. Kansas	
Eunice, NM88231	Certified Mail Express Mail	Hobbs, NM88240	3. Service Type
Bando, Miloue I	Registered 22 Return Receipt for Merchandise		Registered 12 Return Receipt for Merchandis
	insured Maii C.O.D.		Insured Mail C.O.D.
	A Bestricted Delivery? (Extra Fee)	· .	4. Restricted Delivery? (Extra Fee)
-2. Adicie Nomber (Ransfer from service tabel) - 7002 (051	ษณะ เมือง ๆ 384 624ๆ	2. Article Number (Transfer from service label) 7002 051	0 0000 9384 6881
PS Form-3811. August 2001 Domestic Ret	turp/ReceiptO/ 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	um Receipt 102595-01-M-25
	N	· · ·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION	
item 4 if Restricted Delivery is desired.		Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee	 Pfint your name and address on the reverse 	× Cuestal attana Radiosso
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) NNC Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C_Date of Deliver
or on the front if space permits.		Attach this card to the back of the mailpiece, or on the front if space permits.	0-
1. Article Addressed to:	D. Is delivery address different from (tern 1? Tes If YES, enter delivery address belaye)	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES anter delivery address below: No
	TEL D		If YES, enter delivery address below: UNo
David Soria			
David Soria	2WZ USP3		
1611 S. Cochran		Keith Sparks	
	3. Service Type	Keith Sparks KRG Enterprises	3. Service Туре
1611 S. Cochran	3. Service Type		Certified Mail D Express Mail
1611 S. Cochran	3. Service Type	KRG Emerprises	Certified Mail Express Mail Registered Z Return Receipt for Merchandise
1611 S. Cochran	3. Service Type X Certified Mail Express Mail Registered Receipt for Merchandise	KRG Enterprises 301 N Canal St	Image: Certified Mail Express Mail Registered Image: Receipt for Merchandise Insured Mail C.O.D.
1611 S. Cochran Hobbs, NM88240	3. Service Type Image: Certified Mail Express Mail Registered Image: Co.D. 4. Restricted Delivery? (Extra Fee) Yes	KRG Enterprises 301 N Canal St Carlsbad, NM88220	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
1611 S. Cochran Hobbs, NM88240	3. Service Type XI Certified Mail Express Mail Registered XI Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 00000 9384 6799	KRG Enterprises 301 N Canal St Carlsbad, NM88220	Image: Certified Mail Express Mail Registered Image: Receipt for Merchandise Insured Mail C.O.D.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLET THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	ature	Complete items 1 Complete item 4 if Restricted Delivery is desired.	A_ Signature
Print your name and address on the reverse so that we can return the card to you.	X d. A. M. Addressee	Print your name and address on the reverse	Agent Hand Addres
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliv
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 17
1. Article Addressed to:	If YES, enter delivery address below: 🛛 No	1. Article Addressed to:	If YES, enter delivery address below:
		Mark L. Shidler 1010 hamar, Suite 500 Houston TX 77002	
		1010 hamar, Suite Sou	
L Frank Pierce		Handon TX 77002	
1513 N. San Mateo Dr	3. Service Type ☑ Certified Mail □ Express Mail	FIGUSION IN IT	
Hobbs, NM88240	Critified Mail Express Mail Registered Critical Recurpt For Merchandise	i	Certifled Mail Express Mail Registered Return Receipt for Merchands
	Insured Mail C.O.D.		Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	 	4. Restricted Delivery? (Extra Fee)
2. Article Number 7002 05 (Transfer from service label)	10 0000 9384 5570	2. Article Number (Transfer from service label) 7002 0510	0000 9384 7413
PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-01-M-2509		atum Receipt 102595-01-M-;
		}	
		* *	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
	A. Signature	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Fa fa C. Addressee	Print your name and address on the reverse	* armelle Centre Adulte Addresse
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different from item 1? 2 Yes
1. Article Addressed to:	If YES, enter delivery address below: O No	1. Article Addressed to:	If YES, enter delivery address below:
	-		
Benito Hernandez		Ken Marsh	
Rosalba Hernandez		Controlled Recovery Inc	
813 Sayers	3. Service Type	PO Box 369	3. Service Type
Hobbs, NM88240	Registered CR Return Receipt for Merchandise	Hobbs, NM 88241	V2 Certified Mail Express Mail Registered V2 Return Receipt for Merchandis
1	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes	· · · · · · · · · · · · · · · · · · ·	Insured Maii C.O.D.
2. Article Number			4. Restricted Delivery? (Extra Fee)
(Transfer from service label) ? UUE U	<u> 510 0000 9384 7291 </u>	2. Article Number (Transfer from service label) 7001, 251,0	0007 2763 4490
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Ret	
	· · · · · · · · · · · · · · · · · · ·		······································
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION	A Stopature 7
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Agent	item 4 if Restricted Delivery is desired.	Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	B. Received by Printed Namel / Schäte of Deliver
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece,	B. Received by (Printed Name)
1. Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits.	D. Is delivery address different form tern 1? () Yes
	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below:
Guerrero Caballero	1		USPS
2207 N. Breckon		Don & Mary White	
Hobbs, NM88240	3. Service Type	Baber Well Servicing Co	
	Certified Mail 🖵 Express Mail	PO Box 664	3. Service Type 20 Certified Mail Express Mail
	Registered Return Receipt for Merchandise Insured Mail C.O.D.	Hobbs, NM88240	Registered Return Receipt for Merchandise
			Insured Mail C.O.D.
			4 Restricted Delivery? (Extra Fee)
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label) 7002 051 S Form 3811, August 2001 Domestic Retu	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) [Yes]

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	 Complete items 1, 2, and Also complete item 4 if Restricted Det to desired. Print your name and accurs on the reverse 	A Signature X Laura (0,7070)
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery		B. Received by (Printed Name)
1. Article Addressed to:	O. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item If YES, enter delivery address below:
Martin Rodriguez	· ·	Manuel Carrasco	
1219 E. Snyder Hobbs, NM88240	3. Service Type 2. Certified Maii □ Express Maii 1. Registered □ Return Receipt for Merchandise □ Insured Maii □ C.O.D.	= 304 W. Castle Hobbs, NM88240	3. Service Type
2. Article Number 7002	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)
			Return Receipt
· • • • • • • • • • • • • • • • • • • •			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A/Sibpature X////////////////////////////////////	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	P. Is delivery address different from item 1? If YES, enter delivery address below:
City of Hobbs 300 N Turner Hobbs, NM 88240		James Rather 303 W. Castle	
10003, 1111 00210	3. Service Type 20 Certified Mail Express Mail Gesistered XI Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (<i>Extra Fee</i>) Yes	Hobbs, NM88240	Service Type Certified Mai Express Maii Registered Registered C.O.D. A. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 2510	0007 2763 4186	2. Article Number (Transfer from service label) 700205	510 0000 9364 7345
	Return Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	itum Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery	 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	B. Received by (Printed Name)
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from iters 4? If YES, enter delivery address below(
BL Thorp Trust		J.W. Neal Will Terry Trust	ANN STREET
401 E Stanolind Rd Hobbs, NM88240	3. Service Type 20 Certified Mail Express Mail Registered K2 Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fae) Yes	PO Box 278 Hobbs, NM88241	3. Service Type Ø Certified Mail □ Express Mail □ Registered Ø Return Receipt for □ Insured Mail □ C.O.D.
			4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7002 0510	0000 9384 7314	2. Article Number	-

.

I

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLET THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	nature	Complete items and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X John Weinigh & Agent	item 4 if Restricted Delivery is desired.	X Shadda Da Agent
so that we can return the card to you.	B. Received by (Phinted Name) C. Date of Delivery	so that we can return the card to you.	8. Received by (Printed Name) C. Date of Deli
Attach this card to the back of the mailpiece, or on the front if space permits.	5.2.0	 Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to:	0, is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? Yes
			If YES, enter delivery address below; D No
Manuel F. Rodriquez			
404 W. Stanolind Rd		Sterling Carrigan	
Hobbs, NM88240	3. Service Type	c/o BL & Gladys Thorp	3. Service Type
	Dertified Mail	401 E Stanolind Rd	d☑ Certified Mail □ Express Mail
	Registered (2) Return Receipt for Merchandise	Hobbs, NM88240	Registered Receipt for Merchand Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	-	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7002	0510 0000 9384 6089 .	2. Article Number 7002	0510 0000 9384 6584
(//	Return Receipt 102595-01-M-2509		
PG Form OUT 1, August 2007 Domestic		PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-01-44-2
		~	
· · · · · · · · · · · · · · · · · · ·	··· ····		• • • •
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	XHemiluda Binita Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Pita Ateria - Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delive
or on the front if space permits.	5-22	or on the front if space permits.	5.22
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
۱.	-	A J Cowen	
Trinidad Burrola		Emiterio Ortega	
1507 S. Cochran	3. Service Type	402 W. Stanolind Rd	3. Service Type
Hobbs, NM88240	Certified Mail C Express Mail	Hobbs, NM88240	Certified Mail
	Registered Return Receipt for Merchandise Insured Mail C.O.D.	1	Registered Area Return Receipt for Merchandis
2	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number 7002	0510 0000 9384 6416	2. Article Number	0 0000 9384 7130
		(Transfer from service label) YUUC USL PS Form 3811, August 2001 Domestic Re	······································
PS Porti 3011, August 2001 Domesuc	Receipt 302959-07-M-2509 (un Receipt 102595-01-M-25
			· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · · ·	,		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	GOMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Sigpature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	× Chin Multune Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Min dunn a Addresser
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver,
or on the front if space permits.	D. is delivery address different from item 1? These	or on the front if space permits.	D. Is delivery address different from item 1?
1. Article Addressed to:	D. 1s delivery address different from item 1?	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Michael A. Witulski			
Melvin T. Schneider		Travis Stevenson	·
1509 S. Cochran	3. Service Type	1603 S. Cochran Hobbs, NM88240	3. Service Type
Hobbs, NM88240	Certified Mail C Express Mail	10005, 11112024U	면 Centified Mail D Express Mail 다 Registered 전 Return Receipt for Merchandise
	Registered General Action Receipt for Merchandlee Insured Mail C.O.D.		Hegistered P Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7002 (JSLO 0000 9384 6157	2. Article Number	0000 9384 6225
	· · · · · · · · · · · · · · · · · · ·		······
S Form 3811, August 2001 Domestic Re	102595-01-M-2509 []	PS Form 3871, August 2001 Domestic Retu	m Receipt 102595-01-M-250

11-M-2509 | PS Form 3

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	Complete items 1, 2, and Also complete item 4 if Restricted Def desired. Print your name and addition on the reverse	A. Signature X JCHS incare
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery 5-22	 so that we can return the card to you. Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	or on the front if space permits.	D. Is delivery address different from item 1?
Fred Lawson		Frank Bargas	
206 W. Castle		1815 S. cochran	
Hobbs, NM88240	3. Service Type 2 Certified Mail Express Mail Registered Redurn Receipt for Merchandise C.O.D.	Hobbs, NM88240	3. Service Type X Cartifled Mail Express Mail Registered X Return Receipt for Mi Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee)
2. Article Number - 7002 ((Transfer from service label) 7002 (1510 0000 9344 6959	2. Article Number (Transfer from service label) 7001 25	510 0007 2763 4421
PS Form 3811, August 2001 Domestic F	leturn Receipt 102595-01-M-2509		leturn Receipt 1025
		· •.,]	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 		Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	B. Received by Printed Name) Coate of Delivery	 Print your name and address on the reverse so that we can return the card to you. 	A Children D
 Attach this card to the back of the mailpiece, or on the front if space permits. 	T 5-22	 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1?
. *1			
Lila J. Madron		Francis Charles Bargas	
302 W. Castle	3. Service Type	Theola J. Hendricks	
Hobbs, NM88240	Certified Mail Express Mail Registered ERefurn Receipt for Merchandise	1815 S. Cochran Hobbe MM88240	3. Service Type Certified Mail Express Mail Registered Return Receipt for Me
	Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes	Hobbs, NM88240	insured Mail C.O.D.
2 Article Number		2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) / UUL c	510 0007 2763 5084	(Transfer from service label) 7001 2510	0007 2763 4391
	eturn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	tum Receipt 10259
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY
Item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Novella Dura DAdressee	 item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	× Susan Pritchar d BAG
So that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) (C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of
or on the front if space permits.	D. Is delivery address different from item 1? □ Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	If YES, enter delivery address below:
warmen war and a state of the s		· · · · · · · · · · · · · · · · · · ·	
	{·	Timothy Pritchard	
Lousi Carroll Bryan	4		
308 W. Castle	3. Service Type	507 W. Castle	3. Service Type
	3. Service Type -션 Certified Mail ´ □ Express Mail □ Registered · 연 Return Receipt for Merchandise	- 1	🔯 Certified Mail 🔲 Express Mail
308 W. Castle	Certified Mail Express Mail Registered Greature Receipt for Merchandise Insured Mail C.O.D.	507 W. Castle	Certified Mail Express Mail Registered Insured Mail C.O.D.
308 W. Castle Hobbs, NM88240	Certified Mail Express Mail Registered GReturn Receipt for Merchandise Insured Mail C.O.D. C.Restricted Delivery? (Extra Fee) Yes	507 W. Castle Hobbs, NM88240	Certified Mail Express Mail Registered Z Return Receipt for Merc

ļ

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	ature	 Complete items 1 and 3. Also complete item 4 if Restricted any ry is desired. Print your name and address on the reverse 	A. Signature X Lusel Bills Agent
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery 5 - 23	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliv 5-2-
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Joe O Morales 309 W. Castle		Jewle Bible	·
Hobbs, NM88240	3. Service Type Image: Certified Mail Express Mail Image: Certified Mail Image: Certified Mail Image: Certified Mail Image: Certified Mail Image: Comparison of Certified Mail Image: Certified Mail Image: Image: Certified Mail Image: Comparison of Certified Mail Image: Certified Mail	Betty Hawkins 310 W. Castle Hobbs, NM88240	Service Type D'Certified Mail Express Mail Registered ZFReturn Receipt for Merchandir Insured Mail C.O.D. A. Restricted Delivery? (<i>Extra Fee</i>)
	4. Restricted Delivery? (Extra Fee) Ses	2. Article Number	4. Hestricted Delivery? (Extra Fee)
	10 0000 9384 6980	(Transfer from service label) ?UU2	1510 0000 9384 7369
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Re	tturn Receipt 102595-01-M-1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	A. Signature Image: Constraint of Constraint of Delivery X Image: Constraint of Delivery B. Received by (Printed Name) C. Date of Delivery Solution Solution	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature
or on the front if space permits.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No
Mable Montgomery 307 W. Castle Hobbs, NM88240	3. Service Type ♀ Certified Maii □ Express Maii □ Registered ♀ Return Receipt for Merchandise □ Insured Maii □ C.0.0.	Guadalupe G. Guzman 320 W. Castle Hobbs, NM88240	3. Service Type I Certified Mail Registered I Registered Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7002 0.	510 0000 9384 6096	(Transfer from service label)	10 0000 9384 6812
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic Retu	im Receipt :02595-01-M-250
	· · · · · · · · · · · · · · · · · · ·		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X July Forface Addressee	Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired.	A Signature
so that we can return the card to you. Attach this card to the back of the mailoiece.	B. Received by (Printed Name)	Print your name and address on the reverse	Kohn F Drand D Addresser
or on the front if space permits.	D. Is delivery address different from them 1?	 Attach this card to the back of the manpiece, 	/ E. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	If YES, enter delivery address below:	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
· · · · · · · · · · · · · · · · · · ·	V5.		if YES, enter delivery address below: 🛛 No
Ruby E Fortner		John F. Bryant	
Robert Fortner	3. Service Type	Bryant Living Trust	
P O Box 1143 Hobbs, NM882411143	Certified Mail Express Mail Registered If Redistered Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes	319 W. Castle Hobbs, NM88240	3. Service Type 12 Certified Mail Express Mail Registered If Registered Insured Mail C.O.D.
2. Article Number (Transfer from service label) 700205		2. Article Number	4. Restricted Delivery? (Extra Fee)
PS Form 3811, August 2001 Domestic Ret	······································	(Transfer from service label) 7 D D 1, 251	0 0007 2763 4636
	-	PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-01-M-250

-

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	γ	SENDER: COMPLETE THIS SECT	an	COMPLETE THIS SECTION ON DELI	VERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. C.	Agent Contressee Date of Delivery		ired. ne reverse /ou.		Agent Addres C. Date of Deliv
1. Article Addressed to: Francis La Casse 1213 S. Cochran	 D. is delivery address different from item 1? If YES, enter delivery address below: 	□ Yes □ No	1. Anticle Addressed to: Robert Summers c/o J.W. Neal		D. Is delivery address different frem item If YES, enter delivery address below	
Hobbs, NM88240	3. Service Type JA Certified Mail □ Registered 10 Registered 10 Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee)	or Merchandise	PO Box 278 Hobbs, NM88240		3. Service Type Gertified Mail Express Mail Registered Gertified Mail C.O.D. C.A.D. A. Restricted Delivery? (Extra Fee)	ot for Merchand
2. Article Number (Transfer from service label) 70020	510 0000 9384,5600	-	2. Article Number (Transfer from service label)	7002 051	0 0000 9384 6409	
PS Form 3811, August 2001 Domestic Re	turn Receipt 1	102595-01-M-2509	PS Form 3811, August 2001	Domestic Retu	rn Receipt	102595-01-M-2

					alw ¹¹ · · ·		
SENDER: COMPLETE THIS SECTIO	N.	COMPLETE THIS SECTION ON DELI	VERY	SENDER: COMPLETE THIS SEC	TION	COMPLETE THIS SECTION O	N DELIVERY
 Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to yo Attach this card to the back of the nor on the front if space permits. 	ed. 9 reverse 90.	A. Signature X. A. C. A.	Agent Addressee Coate of Delivery	 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of ti or on the front if space permits. 	esired. the reverse o you.	A. Signature X. A. Signature B. Received by (Arinted Name) D. Is delivery address different fr	5-22
1. Article Addressed to:		If YES, enter delivery address below		1. Article Addressed to:		If YES, enter delivery address	
Richard Dwain Etheridge Rose Hester 1215 S. Cochran Hobbs, NM88240		3. Service Type 12 Certified Mail 12 Certified Mail 12 Registered 13 Insured Mail 14. Restricted Delivery? (Extra Fee)	pt for Merchandise □ Yes	Rodolfo S. Garza 1616 S. Cochran Hobbs, NM88240		3. Şervice Type Cartified Mail Expre Registered D2 Return Insured Mail C.O.C 4. Restricted Delivery? (Extra Fe	n Receipt for Merchandis
2. Article Number (Transfer from service label)	7002	0510 0000 9384 6485		2. Article Number (Transfer from service label)	7002 01	510 0000 9384 63	17
PS Form 3811, August 2001	Domestic Re	Return Receipt	102595-01-M-2509	PS Form 3811, August 2001	Domestic Re	atum Receipt	102595-01-M-25
					· · · · · · · · · · · · · · · · · · ·		
SENDER: COMPLETE THIS SECTION	ON .	COMPLETE THIS SECTION ON DELI	IVERY	SENDER: COMPLETE THIS SECT	10N	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and 3. Also ca		A. Signature		Complete items 1, 2, and 3. Also	complete	A. Signature	/

ł

	No
Wilson R. Jackson 1207 S. Cochran Hobbs, NM88240	
2. Article Number 2. Article Number 2. Article Number 2. Article Number (Transfer from service label) 7002 0510 0000 9384 6430 (Transfer from service label) 7002 0510 0000 9384 64305	Yes
	95-01-M-250

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		 Complete items 1 and 3. Also complete item 4 if Restricts over is desired. Print your name an address on the reverse 	A. Signature
Print your name and address on the reverse so that we can return the card to you.	22.16 Nordel Addressee	so that we can return the card to you.	
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	Ken Batson 5-2
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 17 If YES, enter delivery address below:
Ruby Drake		Kenneth K. Batson	
1503 S. Cochran		Bernice F. Wisdom	
Hobbs, NM88240	3. Service Type	518 Abo	3. Service Type
		Hobbs, NM88240	Certified Mail Express Mail
	Insured Mail C.O.D.		Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7002 05	510 0000 9384 6546	2. Article Number 7001 2 (Transfer from service label)	510 0007 2763 4681
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M-2509	PS Form 3811, August 2001 Domestic F	Return Receipt (0259
	······································		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signadure
item 4 if Restricted Delivery is desired.	Agent	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Frankin Desse
Print your name and address on the reverse so that we can return the card to you.	B., Received by (Printed/Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of
Attach this card to the back of the mailpiece,	NUNCY (UNIVERSITY STORY)	Attach this card to the back of the mailpiece, or on the front if space permits.	5-3
or on the front if space permits.	D. Is delivery address different from item 1? Ves	1. Article Addressed to:	D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below: 🖸 No		If YES, enter delivery address below:
		Robert E. Buss	
Lea County		M.A. Maddux	
Box 4C Courthouse	3. Service Type	1607 S. Cochran	3. Service Type
Lovington, NM 88260	Certified Mail Express Mail Registered Schemer Receipt for Merchandise	Hobbs, NM88240	Certified Mail C Express Mail
	Insured Mail C.O.D.		🔲 Insured Maił 🔲 C.O.D.
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 2510	0007 2763 4407	(Transfer from service label) 7002	<u> </u>
PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-#4-2509		eturn Receipt 302595
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY A. Signature	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent		
Print your name and address on the reverse so that we can return the card to you.	A Reven Hulling I Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	× Dereh. Mapan
or on the front if space permits.	D. Is delivery address different from item 1? Yes	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of
1. Article Addressed to:	If YES, enter delivery address below:	or on the front if space permits.	D. Is delivery address different from item 1?
·		1. Article Addressed to:	If YES, enter delivery address below: No
Henry Q Gutierrez	j - ĵ	Pages I. Desire	
1401 W. Jackson	3. Service Type	Reese L Drake	
Lovington, NM88260	🛱 Certified Mail 🔲 Express Mail	Hobbs, NM88240	3. Service Type
	Registered Return Receipt for Merchandise Insured Mail C.O.D.	110005, 1414100240	Certified Mail Express Mail
			Registered CReturn Receipt for Merch
	4. Restricted Delivery? (Extra Fee)	/ .	
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes	/ .	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes

|

.

.



Law Offices of James \mathcal{P} . Lyle, \mathcal{P} .C.



James P. Lyle, Esquire Judith M. Seff, Paralegal

May 24, 2002

Roger C. Anderson Environmental Bureau Chief New Mexico Oil Conservation Division 1220 S. St. Francis Dr. Santa Fe, NM 87504

> RE: Rice Operating Company Revised Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4, SE 1/4, Section 09-Ts19-R38e Lea County, New Mexico

Dear Mr. Anderson:

This letter is in response to the Notice of Publication sent to my client, Mr. McNeill, regarding the changes proposed to the Abatement Plan which was previously ordered for this site. Late last year I notified your office over the phone that the surface owner, Mr. McNeill, was requesting a hearing on this proposed change. On January 25th of this year I confirmed this in writing to Mr. Anderson of your office. That letter also confirmed that the City of Hobbs wishes to participate in the hearing. The City has a legitimate interest in the proposed change due to its potential impact on the flood plane and the City's nearby drainage system.

Section 70-2-23 NMSA, requires a hearing on at least 10 days notice to any person having an interest in the subject matter of any proposed change to an order of the Division. We are once again requesting that we be provided with formal notice of the hearing date on this proposed change, and that such notice be provided as required by the Statute to all interested persons, including the City of Hobbs.

Very truly yours,

LAW OFFICES OF JAMES P. LYLE

James P. Lvle

cc: Mr. Bill McNeill

1116 2nd NW •Albuquerque, New Mexico 87102 (505) 843-8000 • (505) 843-8043 Facsimile • pennname@prodigy.net

McNeill Ranch

William F. McNeill P.O. BOX 1068 1055 Hobbs, N.M. 88241

May 24, 2002

Mr. Roger C. Anderson Environmental Bureau Chief New Mexico Oil Conservation Division 1220 South St. Francis Drive Santa Fe, New Mexico 87505

RE: Rice Operating Company's Revised Stage 2 Abatement Plan (AP-8)
Junction I-9 Release Site
NE 1/4 SE 1/4, Section 9, Township 19 S, Range 38 E
Hobbs Salt Water Disposal System
Lea County, New Mexico

Dear Mr. Anderson:

I am writing this letter in response to a Notice of Publication that I received from Rice Operating Company via certified mail on May 21, 2002. It is stated in the notice that I have 30 days from publication to respond in writing to the N.M.O.C.D. and submit written comments.

I would like to remind you that the City of Hobbs, New Mexico, my lawyer James Lyle, and I have requested that a hearing be held in regards to this matter so that concerns about the plan be documented and discussed. I have been told several time that such a hearing will be held at the proper time before approval of the Stage 2 Plan. It seems to me that the City of Hobbs representing a population of approximately 28,000 citizens represents adequate public response to call an immediate hearing. I am again requesting and demanding that the above-mentioned hearing be scheduled at the soonest possible date.

I have numerous concerns about the Stage 2 Plan and will try to touch on some of them.

- 1. The I-9 site is located in the middle of a flood plane for the City of Hobbs storm water, which make this spill a unique situation that requires a delicate solution. It is my opinion that mixing and blending contaminated soils and capping the site within a flood plane will not prevent future contamination of the Ogalala Aquifer.
- 2. The present spill site has not been vertically or horizontally identified. ROC does not have a clue the amount of contamination that needs to be addressed. The site was excavated down to the top of the aquifer approximately 2 years ago and as of today the aquifer is exposed to the elements and contamination from these actions is taking place as I write this letter.
- I am enclosing a copy of the notification I received and you will notice that chlorides are not mentioned one time. The leak in question was produced fluids from oil production and chlorides make up the majority of contaminates in the form of salt water. Chlorides must be addressed and expert testimony must be heard.
- 4. As landowner of the property impacted by the I-9 leak I am being rendered economically helpless due to the liability incurred by the contamination. Not one time has the O.C.D. contacted me to determine the impact of approving the Stage 2 Plan. A lending organization or a potential buyer of the McNeill Ranch will not take the risk to loan money or buy the property with such a contamination liability on the property. The N.M.O.C.D. has the sole responsibility of resolving all oil-related problems in the State of New Mexico. It is my opinion that the N.M.O.C.D. has a fiduciary duty not only to the oil companies but also to citizens, sportsmen, environmental groups, taxpayers, and property owners such as myself. Never has your division taken me as landowner into consideration. Time has come that this be rectified.

 It states in the notification that ROC will sample monitor wells, summarize laboratory results, and report monitor well results annually to the N.M.O.C.D. ROC's track record in Lea County is not the best and I request that a third party such as the N.M.O.C.D. undertake these responsibilities.

The above 5 points are only part of my concerns regarding the above matter. Again I request and demand a hearing to address my concerns in person and present expert testimony. If you have question please contact me at your convenience.

Respectfully,

William In : Neile

William F. McNeill

Enclosures: 1

NOTICE OF PUBLICATION

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage II Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage II Abatement Plan Revision Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately 0.6 miles southwest of Hobbs in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; backfill excavation with blended fill soil; isolation of contaminants with compacted clay layers; contour surface to prevent pooling of water; seed surface with native vegetation; PSH recovery from groundwater and treatment to promote natural biodegradation of hydrocarbons in the groundwater; quarterly sampling of all monitor wells until results meet NMWQCC standards for eight consecutive guarters and approval of the NMOCD; prepare a report summarizing field activities and laboratory results; report monitor well results annually until closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage II Abatement Plan Revision Proposal may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage II Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.



NEW MEXICO ENERGY, MICERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Betty Rivera Cabinet Secretary

May 09, 2002

Lori Wrotenbery Director Oil Conservation Division

<u>CERTIFIED MAIL</u> RETURN RECEIPT NO. 3929 8928

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Revised Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) has reviewed Rice Operating Company's (ROC) December 13, 2000 "SUBMITTAL OF Revised STAGE 2 ABATEMENT PLAN, Junction I-9 Release Site". In addition, OCD has reviewed the following subsequent submittals; March 30, 2001, May 15, 2001, August 21, 2001, the computer modeling information supplied during the technical meeting held in the OCD Santa Fe office on November 14, 2001, the December 13, 2001 and the March 08, 2002 document.

These documents contains ROC's Revised Stage 2 Abatement Plan Proposal for remediation of soil and ground water contamination related to the above captioned site. The OCD has determined that the above referenced Revised Stage 2 Abatement Plan Proposal is administratively complete. In order for OCD to continue the final review of the Stage 2 proposal, the OCD requires that:

- 1. ROC issue by May 29, 2002 the public notice submitted with the Revised Stage 2 proposal in the Albuquerque Journal and the Hobbs News-Sun pursuant to OCD Rule 19.G.
- 2. Prior to issuing the public notice, ROC shall issue written notice of the Stage 2 proposal pursuant to OCD Rule 19.G.(1). Please refer to the previously supplied 3.5" disk for a listing of "those persons, as identified by the Director, who have requested notification" pursuant to OCD Rule 19.G.(1).(d) and the contact for the New Mexico Trustee for Natural Resources.

Carolyn Doran Haynes May 09, 2002 Page 2

Please provide the OCD with proof of notice as soon as possible upon completing issuance of the written and public notice.

If you have any questions, please contact Wayne Price at (505) 476-3487 or E-mail WPRICE@state.nm.us.

Sincerely,

0

Roger C. Anderson Environmental Bureau Chief rca/wp xc: Chris Williams, OCD Hobbs District Supervisor Bill McNeill James P. Lyle-Attorney Gary Don Reagan-Hobbs City Attorney



Infrastructure, buildings, environment, communications

Wayne Price New Mexico Energy, Minerals, and Natural Resources Department 1220 South Saint Francis Drive Santa Fe, New Mexico 87505

Subject

Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico

Dear Mr. Price:

Rice Operating Company (ROC) and ARCADIS are in receipt of your letter dated February 6, 2002 requesting that additional information concerning the abovereferenced Stage 2 Abatement Plan be submitted to the New Mexico Oil Conservation Division (OCD) by March 15, 2002. In response to your requests:

Item 1. City Of Hobbs Stormwater Run-Off

ROC and ARCADIS are aware that the City Of Hobbs has an easement for stormwater run-off onto the subject site. ROC has contacted the city engineer to obtain details regarding the easement. While the easement location is described to be on the subject site, the actual runoff basin is located approximately onehalf mile to the west of the site. Additionally, the liner is designed to be constructed and graded in a manner that water will not collect at the liner location, and will instead run-off the liner. No modifications to the workplan are necessary.

Item 2. Public Notification

Written notification of submittal of the Stage 2 Abatement Plan Proposal and site activities will be sent to all surface owners of record within a one-mile radius of the site. The list of parties to be notified and the proposed notification are attached. Publication of notice of activities will be published in a state-wide circulated newspaper, the Albuquerque Journal, and two county newspapers, the Hobbs-Daily News Sun and the Lovington Leader.

Item 3. Delineation of Chlorides in Soil

During our meeting in Santa Fe on December 14, 2001, and in Item 8 of the December 13, 2001 proposal we proposed delineation of chlorides

ARCADIS G&M Inc. 1030 Andrews Hwy. Suite 120 Midland Texas 79701 Tel 915-699-1381

RECEIVED

Eininonnal Bureau Oil Conservation Division

MAR 1 1 2002

Environmental Bureau

ON CONSTRUCT Division

ENVIRONMENTAL

Fax 915-699-1978

Midland, Texas, 8 March 2002

Contact: Sharon E. Hall

Extension: 915 699-1381

Part of a bigger picture

ARCADIS

in soil to a concentration of 250 mg/kg, and in our meeting in Santa Fe on December 14, 2001 we indicated that any material outside of the liner system exceeding a chloride concentration of 250 mg/kg would be excavated and removed. To clarify, we are proposing a chloride concentration of 250 mg/kg for both delineation and for remediation of soils outside of the liner system.

Item 4. Liner System and Signs

The design of the liner system is similar to that used at landfills, and maintenance of the liner is not anticipated to be required. The buried liner system and signs will be routinely inspected by an ROC employee as part of routine field operations. ROC will ensure that the signs remain posted and that the liner remains buried and in-place by routine inspections. ROC did indicate that they would consider deed recordation of the site, however, it is not known if the current landowner will agree to deed recordation. Since ROC does not own or control the property, they cannot ensure that future property owners or users will be informed of the buried liner system in a manner other than the posted signs unless ROC is made aware of a change in use or ownership. If so informed, ROC will provide the new property owner or user with the details of the liner system (location, design and purpose).

If you have any questions, please call Carolyn Haynes of Rice Operating Company at (505) 393-9174 or me at (915) 699-1381.

Very truly yours,

ARCADIS G&M, Inc.

Sharm E. Hall

Sharon E. Hall Project Manager

Copies: Carolyn Haynes, Rice Operating Company Chris Williams, OCD Hobbs District Frank McCallum, 2 copies

Attachments Proposed Notification Notification Mailing List

Page: 2/2 DRAFT FOR REVIEW

NOTICE OF PUBLICATION

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage II Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage II Abatement Plan Revision Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately 0.6 miles southwest of Hobbs in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; backfill excavation with blended fill soil; isolation of contaminants with compacted clay layers; contour surface to prevent pooling of water; seed surface with native vegetation; PSH recovery from groundwater and treatment to promote natural biodegradation of hydrocarbons in the groundwater; quarterly sampling of all monitor wells until results meet NMWQCC standards for eight consecutive quarters and approval of the NMOCD; prepare a report summarizing field activities and laboratory results; report monitor well results annually until closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage II Abatement Plan Revision Proposal may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage II Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.

I

First Name Second Name	Address	City	State	Postal Code
Jaminette E. Goode Melissa A. Goode	1004 N. Fowler	Hobbs	MN	88240-
Vernon H. Smith	101 E. Palace	Hobbs	MN	88240-
Michael K. Graves	101 W. Castle	Hobbs	MN	88240-
Raymond Bryant Jr.	102 E. Palace	Hobbs	MN	88240-
Daniel J. Tucker	1020 E. Kansas	Hobbs	ΜN	88240-
Roy L Bulter	103 E. Palace	Hobbs	MN	88240-
Joe Rodriguez Ashely Rodriguez	104 East Palace	Hobbs	MN	88240-
Timmy Alan Caldero	104 W Castle	Hobbs	ΜN	88240-
Sandra Beth Hansard	107 E. Palace	Hobbs	MN	88240-
Julio Jaquez	107 W. Castle	Hobbs	ΜN	88240-
Jesus Rodriguez Velma Rodriguez	109 E. Palace	Hobbs	MN	88240-
James Dunlap	1101 Victorai St, Unite #N	Costa Mesa	CA	92627-
Edmundo Fernandez Earl Cowger	111 E. Palace	Hobbs	MΝ	88240-
S & D Enterprises	111 South Dal Paso	Hobbs	ΜN	88240-
Abelardo Balderrama	113 W. Castle	Hobbs	MΝ	88240-
Glenn Nance	114 W Castle	Hobbs	MΝ	88240-
Juaden A. Baeza	117 W. Castle	Hobbs	MN	88240-
Ronnie Dudley Thorp RLT Family Trust	1180 Avenida Ellena	Casa Grande	ΡZ	85222-
Sherry Ader	1201 S. Cochran	Hobbs	MN	88240-
Wilson R. Jackson	1207 S. Cochran	Hobbs	WN	88240-
Richard L. Bailey	1209 S, Cochran	Hobbs	MN	88240-
Alfredo Mojica	121 W. Castle	Hobbs	MN	88240-
Agapito Avalos	1211 S. Cochran	Hobbs	MN	88240-
Francis La Casse	1213 S. Cochran	Hobbs	MN	88240-
Richard Dwain Etheri Rose Hester	1215 S. Cochran	Hobbs	MN	88240-
Martin Rodriguez	1219 E. Snyder	Hobbs	MN	88240-
Timmothy Ward Mary Ward	1219 S. Cochran	Hobbs	ΜN	88240-
Beatrice Baiza	1221 S. Cochran	Hobbs	MN	88240-
Donna Erwin	1225 S. Cochran	Hobbs	ΣZ	88240-
Gloria Chavez Bejar	1227 S. Cochran	Hobbs	MN	88240-
David Nance	1231 S. Cochran	Hobbs	MN	88240-
Esperanza G. Rodrig	1233 S. Cochran	Hobbs	MN	88240-
Gloria Arroyo Reynaldo Arroyo	1235 S. Cochran	Hobbs	WN	88240-

3/8/02

ł

ļ

I

1

First Name	Second Name	Address	City	State	Postal Code
Tersa De Jesus Mejo		1237 S. Cochran	Hobbs	MN	88240-
Virgil R Cross, Jr.		124 W Castle	Hobbs	MN	88240-
Irene Gaston		124 W. Castle	Hobbs	ΣZ	88240-
Catholic Diocese Of		1280 Med Park Dr	Las Cruces	MN	88005-
Henry Q Gutierrez		1401 W. Jackson	Lovington	MN	88260-
Alma G. Maxwell Tru		1403 Calle Sur	Hobbs	ΜN	88240-
Jimmy James Jones	Billy E. Walker	1411 S. Turner	Hobbs	MN	88240-
Reese L Drake		1501 South Cochran	Hobbs	MN	88240-
Ruby Drake		1503 S. Cochran	Hobbs	MN	88240-
Carlos Talamantes	Yvonne Talamantes	1505 S. Cochran	Hobbs	MN	88240-
Trinidad Burrola		1507 S. Cochran	Hobbs	MN	88240-
Michael A. Witulski	Melvin T. Schneider	1509 S. Cochran	Hobbs	ΜZ	88240-
L Frank Pierce		1513 N. San Mateo Dr	Hobbs	MN	88240-
Frank Pierce	Eulene Pierce	1513 North San Mateo	Hobbs	MN	88240-
Lyndel Gene Mason	Jody Marie Mason	1601 S. Cochran	Hobbs	ΜN	88240-
Charles Cowger	Patricia Cowger	1601 South Turner	Hobbs	MN	88240-
Travis Stevenson		1603 S. Cochran	Hobbs	ΜN	88240-
J.D. Windham		1605 S. Cochran	Hobbs	ΜN	88240-
Robert E. Buss	M.A. Maddux	1607 S. Cochran	Hobbs	MN	88240-
David Soria		1609 S. Cochran	Hobbs	ΜN	88240-
Ann Hooper Taylor	The Estate of Margaret M. Mc 1610 North "J"	1c 1610 North "J"	Midland	ТX	79701-
David Soria		1611 S. Cochran	Hobbs	ΜN	88240-
Rodolfo S. Garza		1616 S. Cochran	Hobbs	MN	88240-
Linda Faye Jones Et		1646 North Breckon	Hobbs	ΜN	88240-
Melion Mortgage Co		1775 sherman St., suite 230	Denver	00	80203-
Arcelia Fraire	Rafael Antonio Solis	1800 S. Cochran	Hobbs	ΜN	88240-
Charles D. Yaws	Carolyn Yaws	1810 S. Cochran	Hobbs	ŴN	88240-
Frank Bargas		1815 S. cochran	Hobbs	ΜN	88240-
Francis Charles Barg Theola J. Hendricks	Theola J. Hendricks	1815 S. Cochran	Hobbs	ΜN	88240-
Frank Bargas	Adan Guillen	1824 S. Cochran	Hobbs	ΜN	88240-
Maria A. Marquez		204 W. Temple	Hobbs	MN	88240-
James A. De Soto		205 W. Palace	Hobbs	MZ	88240-
Fred Lawson		206 W. Castle	Hobbs	WN	88240-

3/8/02

Page 2

ļ

First Name	Second Name	Address	City	State	Postal Code
Larry C. Gilcrease		206 W. Temple	Hobbs	MN	88240-
Joyce M Savell	Ronnie A. Savell	207 W. Palace	Hobbs	MN	88240-
Lucille Lee		209 W. Palace	Hobbs	MN	88240-
Gary Henrich		210 W. Castle	Hobbs	WN	88240-
Susie R. Martinez		210 W. Temple	Hobbs	ΜN	88240-
Velma V. Perkins		212 Shipp Dr	Hobbs	MN	88240-
Floyd M. Harmon	Randell L. Boles	214 Shipp Dr	Hobbs	ΜN	88240-
Guerrero Caballero		2207 N. Breckon	Hobbs	MN	88240-
Michael T Bostick		2422 W. Kansas	Hobbs	ΜN	88240-
Jesus Jose Delgado		300 W. Castle	Hobbs	MN	88240-
Jose Rodriguez	Irene Beard	300 West Shipp Dr	Hobbs	MN	88240-
Castle Ave Baptist C		301 E Castle	Hobbs	MN	88240-
Keith Sparks	KRG Enterprises	301 N Canal St	Carlsbad	WN	88220-
Eunice J. Riggs		301 W. Castle Ave.	Hobbs	MN	88240-
Gregory W. Shoults		301 W. Palace	Hobbs	MN	88240-
Lila J. Madron		302 W. Castle	Hobbs	ΜN	88240-
James Rather		303 W. Castle	Hobbs	ΜN	88240-
Mario L. Leos Sr.		303 W. Palace	Hobbs	MN	88240-
Gilberto Hernandez		304 Shipp St	Hobbs	ΜN	88240-
Manuel Carrasco		304 W. Castle	Hobbs	ΜN	88240-
Jaime Baeza	Yoland Baeza	304 West Rainbow	Hobbs	MN	88240-
Bud Anderson		305 W. Palace	Hobbs	WN	88240-
Oscar E. Tello		305 W. Temple	Hobbs	ΜN	88240-
Thorsten Karl Langne	0	305 West Shipp Dr	Hobbs	MN	88240-
Eugenio Saenz		306 Shipp Dr	Hobbs	ΜN	88240-
Kenneth L. Cook		306 W. Castle	Hobbs	ΜN	88240-
Joe H. Goad	Elva Ortega	307 Temple	Hobbs	MN	88240-
Mable Montgomery		307 W. Castle	Hobbs	ΜZ	88240-
Walter E. Cook		307 W. Palace	Hobbs	ΜN	88240-
Joyce Earlene King		307 West Shipp Dr	Hobbs	MN	88240-
Clinton L. Cruce		308 Rainbow	Hobbs	MN	88240-
Lousi Carroll Bryan		308 W. Castle	Hobbs	ΜN	88240-
Joe O Morales		309 W. Castle	Hobbs	WN	88240-

3/8/02

Page 3

First Name	Second Name	Address	City	State	Postal Code
Nova B. Niccum		309 W. Palace	Hobbs	MN	88240-
Arturo Rubio		309 W. Temple	Hobbs	MN	88240-
Delfina Sanchez		310 Shipp Dr	Hobbs	MN	88240-
Jewle Bible	Betty Hawkins	310 W. Castle	Hobbs	WN	88240-
Sharron D. Millsap		310 W. Rainbow	Hobbs	MN	88240-
Raymundo Rodarte		311 S. Ave. B	Hobbs	MN	88240-
Transito Florez Rodri		311 W. Palace	Hobbs	ΜN	88240-
Archie Wiggins		311 W. Temple	Hobbs	ΝN	88240-
George W. Deyarmo		311 West Shipp	Hobbs	MN	88240-
Consepcion V. Zunig		312 W. Castle	Hobbs	MN	88240-
Conrad Watson		313 W. Castle	Hobbs	ΜN	88240-
Manuel Madero	Kelton Earl Hanson	313 W. Palace	Hobbs	MN	88240-
Billy E. Baker, Jr.		316 W. Castle	Hobbs	MN	88240-
Oscar Alfredo Mojica		317 W. Castle	Hobbs	MN	88240-
James L. Hicks		318 W. Castle	Hobbs	MN	88240-
John F. Bryant	Bryant Living Trust	319 W. Castle	Hobbs	MN	88240-
Guadalupe G. Guzm		320 W Castle	Hobbs	ΜN	88240-
Cecil Wayne Luttrull	Violet Louise Luttrull	321 W. Palace	Hobbs	MN	88240-
Lola Ben Lawson		3911 Teckla	Amarillo	Ϋ́	79109-
Richard Cano Cortez		400 Rainbow	Hobbs	MN	88240-
Earline Johnson		400 Shipp	Hobbs	MN	88240-
BL Thorp	Trust	401 E Stanolind Rd	Hobbs	MN	88240-
Sterling Carrigan	c/o BL & Gladys Thorp	401 E Stanolind Rd	Hobbs	ΜN	88240-
Verna J Loflin		401 West Shipp	Hobbs	MN	88240-
Nicomedes M. Sosa		401 West Temple	Hobbs	MN	88240-
Ponciano P Gonzale		402 Rainbow	Hobbs	ΜN	88240-
Rosa R. Martinez		402 Shipp Dr	Hobbs	WN	88240-
A J Cowen	Emiterio Ortega	402 W. Stanolind Rd	Hobbs	MN	88240-
Roman Alvarado		403 W. Temple	Hobbs	MN	88240-
Robert Sepeda	Gloria Sepeda	404 W. Shipp Dr	Hobbs	MN	88240-
Manuel F. Rodriquez		404 W. Stanolind Rd	Hobbs	MN	88240-
Gillermo Rodriguez		405 Rainbow	Hobbs	ΜN	88240-
Frances M. Rodrique	Frances M. Rodrique Dolores R. Villalobos	405 Shipp Dr	Hobbs	MN	88240-

3/8/02

Page 4

First Name	Second Name	Address	City	State	Postal Code
Joe Snider		405 W. Temple	Hobbs	MN	88240-
Ramon C. Orona	Glenn & Cheryl Todd	406 West Rainbow	Hobbs	MN	88240-
Tommie J. Wormly		406 S. Shipp Dr	Hobbs	MΝ	88240-
Manuel G. Nevarez		407 W. Temple Dr	Hobbs	ΜN	88240-
Alice Ingalls	Patricia A. Widman	408 Rainbow	Hobbs	ΜN	88240-
Kathryn K. Leavitt		409 Shipp Dr.	Hobbs	MN	88240-
Jimmie Marshall		409 W. Temple Dr	Hobbs	MN	88240-
Charles H Byrd		410 Shipp Dr	Hobbs	MΝ	88240-
Maria E. Martinez		410 West Rainbow	Hobbs	ΜN	88240-
Elmer Lynch		411 Rainbow	Hobbs	ΜN	88240-
Herbert F. Widman		411 Shipp Dr	Hobbs	ΜN	88240-
James F Smith		411 W. Temple	Hobbs	MN	88240-
Clarence Stevenson		417 W. Palace	Hobbs	MN	88240-
Raul Aranda		423 W. Castle	Hobbs	ΜN	88240-
Donna Rae Esquibel	Estate of Velma Wise	4320 Aspen N.E.	Albuquerque	ΜN	87110-
Steven Scarborough Jim	Jim Frand Selman	4816 Summerville NW	Albuquerque	MΝ	87120-
RailTex, Inc		4901 Broadway, Ste 231	San Antonio	ТX	78209-
Mike Savell		500 W. Marr	Hobbs	ΜN	88240-
Johnnie A. Savell		501 W. Castle	Hobbs	ΣN	88240-
Timothy Pritchard		507 W. Castle	Hobbs	ΣN	88240-
Billy S. Braziel		513 West Castle	Hobbs	MN	88240-
Kenneth K. Batson	Bernice F. Wisdom	518 Abo	Hobbs	Σ	88240-
Marilyn McNeill Cate Will	Will Terry Trust	5661 S Crestbrook Dr.	Morrison	8	80465-
Four Corners Pipelin		5900 Cherry Ave	Long Beach	CA	90805-
Robert Duane Wise	Estate of Velma Wise	6200 Dartmouth	Amarillo	¥	79109-
Gunnar J. Huvala		621 Agee Street # 243	San Deigo	CA	92122-
Lupe Huerta		621 E. Llano	Hobbs	ΜN	88240-
Sec. Of Housing & Ur		625 Truman NE	Albuquerque	ΜN	87110-
Jimmy Don Hamilton		634 Wild Wind	Houston	Τ	77013-
Ross A. Hamilton	Aletta Frost Hamilton	714 4th Street	Traer	A	50675-
Kurt M. Ritter		740 Heer St.	Platteville	M	53818-
Joe H. Goad	Donovan P. Pallanes	801 West Alabama	Hobbs	ΣN	88240-
Benito Hernandez	Rosalba Hernandez	813 Sayers	Hobbs	WN	88240-

3/8/02

Page 5

ł

First Name	Second Name	Address	City	State	Postal Code
Samuel A. Stark		8632 County Rd 235	Clyde	ТX	79810-
Mark Dean	Steve Cox	905 Debaca	Hobbs	MN	88240-
Hobbs Municipal Sch		Box 1040	Hobbs	ΜN	88241-
Lola E Dunnam		Box 253	Eunice	MN	88231-
WL Dunnam	Estate of Lola E Dunnam	Box 253	Eunice	ΜN	88231-
Charlene Warn		General Delivery	Silver City	MN	88061-
Ruby E Fortner	Robert Fortner	P O Box 1143	Hobbs	ΜN	88241-1143
Deborah A. Rhoads	Mark Rhoads	P O Box 1271	Hobbs	MΝ	88241-1271
Frank James Sedillo		P O Box 1324	Glenwood Spring	00	81601-
Mary L. Johnson		P O Box 1692	Hobbs	ΜN	88241-1692
Lupe Rodriguez	Rodriguez 1997 Living Trust	P O Box 3563	Saratoga	CA	95070-
M H Cunningham		P O Box 5221	Hobbs	ΜN	88241-5221
Joe H. Goad		P O Box 693	Levelland	ХŢ	79336-
Armando Mendoza		P O Box 694	Hobbs	MN	88241-0694
Dayton G. Lane		P O Box 837	Proctor	ТX	76468-
William F. McNeill	Will Terry Trust	PO Box 1068	Hobbs	ΜN	88241-
Texaco Exploration & Tax Dept 1941	Tax Dept 1941	PO Box 1404	Houston	Ϋ́	77251-
J.W. Neal	Will Terry Trust	PO Box 278	Hobbs	MΝ	88241-
Robert Summers	c/o J.W. Neal	PO Box 278	Hobbs	MN	88240-
Altura Energy		PO Box 4294	Houston	ХT	77210-4294
Louis Ray Thorp		PO Box 592	Carlsbad	ŇΝ	88221-
Don & Mary White	Baber Well Servicing Co	PO Box 664	Hobbs	MΝ	88240-
Bobby B Hamlett	Roy Wayne Hamlett	PO Box 814	Hobbs	MΝ	88241-
Bobby B Hamlett		PO Box 814	Hobbs	MΝ	88241-
Lula Elizabeth Ward	Estate of Bill Ward	R 1 Box 208	Ninnekah	УÓ	73067-
Mary E. Redinger		RR 4, Box 458	Olney	Г	62450-
Billie Lee Redinger		RR4, Box 458	Olney	Ļ	62450-
Lonnie G Hill	Etollia Scantling	Star Rt A Box 102	Hobbs	ΣN	88240-

3/8/02

Page 6

Mailing List I-9

			F	
Name	Divison	ADDRESS	CITY ST	ZIP
Director	Water Resources Dept. p. O. Box 1293	p. O. Box 1293	Albuquerq NM	87103
NM Water Well Association		1205 California NE	Albuquerq NM	87110
Field Supervisor	US Fish & Wildlife Serv	US Fish & Wildlife Serv 2105 Osuna Road, Northeast	Albuquerq NM	87113-1001
Patricia A. D'Andrea		P. O. Box 6387	Santa Fe NM	87502
Bruce S. Garber	Attorney at Law	PO Box 0850	Santa Fe NM	87503
Mike Matush		State Land Office Building	Santa Fe NM	87503
Science Applications Inc		PO Box 3344	Boulder CO	8030
Dr. Harry Bishara		PO Box 748	Cuba NM	87013
Albuquerque Environmental Healt Director	Director	PO Box 1293	Albuquerq NM	87103
John Draper	Montgomery & Andrew	PO Box 2307	Santa Fe NM	87504
Perry Pearce	Burlington Resources	300 Galisteo Suite 101	Santa Fe NM	87501
Lynn Brandvold	NM Bureau of Mines &	NM Instituet of Mining & Tech	Socorro NM	87801
Kay Grotbeck		RR3, Box 109 JK	Santa Fe NM	87505-9532
Jeanne Haffen	El Paso Natural Gas	PO Box 1492	El Paso TX	79978
Richard P Chagnon	Hydrologist	2825 E Malvern Drive	Tucson AZ	85716
Regional Forester	USFS Regional Office	517 Gold Avenue SW	Albuquerq NM	87102
Colorado River Comm of Nevada	Director	555 E Washington Avenue, Suite 3	Las Vegas NV	89158
Gerald R Zimmerman	Colorado River Board	770 Fairmont Ave, Ste 100	Glendale CA	91203-1035
Division of Water Quality	Director	288 North 1460 West	Salt Lake UT	84114
Jack A Barnett	Colorado River Basin	106 West 500 South Ste 101	Bountiful UT	84010
Groundwater Bureau	Chief	Runnels Building	Santa Fe NM	87504
Hazardous Waste Bureau	Chief	Runnels Building	Santa Fe NM	87504
Thomas W Merlan, Director	228 E Palace Ave	Villa Rivera Rm 101	Santa Fe NM	87503
Chester Rail		10613 Calle De Elena NW	Albuquerq NM	87048
Ken Marsh	Controlled Recovery In	PO Box 369	Hobbs NM	88241
Tanis Fox	Attorney General's Offi	PO Box 1508	Santa Fe NM	87504
Colin Adams	Environmental Counsel 414 Silver, Southwest	414 Silver, Southwest	Albuquerq NM	87158
Devon E. Jercinovic	International Tech Corp	International Tech Corp 5301 Central Ave, NE Ste 700	Albuquerq NM	87018
NM Oil & Gas Association		PO Box 1864	Santa Fe NM	87504-1864
Len Oyenque	The Tewa Company	PO Box 1261	San Juan NM	87566
State Land Office	Hobbs District	3830 N Grimes Ste C	Hobbs NM	88240
Chris Shuey	SW Research & Info	PO Box 4524	Albuquerq NM	
State Parks & Recreation	Director	Villagra Building	Santa Fe NM	87503

3/8/02

Page 1

Mailing List I-9

Name	Divison	ADDRESS	CITY ST Z	ZIP
Marcia Simmons	KOAT-RV	3801 Carlisle NE	Albuquerq NM 87108	œ
Dr. Jay Sorenson		2800 Charleston Ne	Albuquerq NM 87110	0
Director El Paso Natural Gas		PO Box 1492	El Paso TX 79978	8
Bob Steele	Land & Minerals	PO Box 194	Laguna NM 87026	Q
Enivronmental Manager	Anaconda Cooper Co	PO Box 638	Grants NM 87020	0
Westinghouse Electric	Manager-Uranium Res. PO Box 355	PO Box 355	Pittsburg PA 15230	0
George Vlahos	Sierra Club	212 Tulane SE	Albuquerq NM 87106	9
Lee Wilson & Associates		PO Box 931	Santa Fe NM 87501	
Masud Zaman	Navajo Division of Wat	PO Box 308	Window R AZ 86515	5
NM Environmental Dept.	Secretary	PO Box 26110	Santa Fe NM 87504	4
NM Environmental Dept.	Maxine Goad	Harold Runnels Building	Santa Fe NM 87503	ņ
Thomas Kellahin	Kellahin & Kellahin	PO Box 2265	Santa Fe NM 87501	.
Department of Game & Fish	Director	Villagra Building	Santa Fe NM 87503	<u>ო</u>
Jackie Jennings	Core Laboratories, Inc	10703 E Bethany Drive	Aurora CO 80014	4
Olson Plunk	SPS	PO Box 1261	Amarillo TX 79170	0
Soil & Water Conservation	NM Dept. Of Ag	Box 30005/ARP	Las Cruce NM 88003	ღ
Environmental Affairs	Public Service Co of N	PO Box 2267	Albuquerq NM 87103	ņ
Pueblo of Laguna	Governor	PO Box 194	Laguna NM 87026	9
State Engineer	Water Res. Division	Bataan Building	Santa Fe NM 87503	с С
Bureau of Land Management	State Director	PO Box 27115	Santa Fe NM 87503	87502-0115
NM Citizens Clean Air & Waterf	John Bartlit, Chairman	113 Monte Ray Dr. North	Los Alamo NM 87544	4
William F Carr	Campbell & Black	PO Box 2208	Santa Fe NM 87501	<u> </u>
NM Municipal League	PO Box 846	1229 Paseo De Peralta	Santa Fe NM 87501	Σ
Jay Lazarus		PO Box 5727	Santa Fe NM 87502	2
Lea County		Box 4C Courthouse	Lovington NM 88260	0
City of Hobbs		300 N Turner	Hobbs NM 88240	0

3/8/02



NEW IEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Carol Leach Acting Cabinet Secretary

February 06, 2002

Lori Wrotenbery Director Oil Conservation Division

<u>CERTIFIED MAIL</u> <u>RETURN RECEIPT NO. 5357 7232</u>

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Revised Stage 2 Abatement Plan Additional Informational Request Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) is in receipt of Arcadis Geraghty & Miller's Stage 2 Abatement Plan proposal modification dated December 13, 2001 submitted on behalf of Rice Operating Company (ROC). In order for OCD to continue its evaluation please provide the following information.

- 1. The City of Hobbs has notified OCD (copy of letter enclosed) they have "an easement for storm water runoff unto the rice I-9 site". If significant amounts of stormwater from the city of Hobbs runs onto the site then ROC shall modify the plan to reflect any changes this may have on the proposed plan. Please investigate this issue and provide OCD the results of your investigation.
- 2. A public notification proposal pursuant to OCD rule 19.E.4.b.vii.
- 3. Item 8. of the December 13, 2001 proposal response last sentence reads "We propose delineation of chlorides in soil to a concentration of 250 mg/kg". During the technical meeting in Santa Fe on December 14, 2001 Rice indicated that any material contaminated above 250 mg/kg of chlorides outside of the liner system would be excavated and removed. OCD would like a statement to that fact, since the word "delineation" does not implicitly imply a clean-up level.

Dear Ms. Haynes: February 06, 2002 Page 2

4. ROC shall demonstrate the anticipated life of the liner system and posted signs. ROC shall provide a plan demonstrating maintenance of these systems for the foreseeable future and how future property owners or users will be made aware of the buried system. OCD understood that ROC was going to deed record this event, is this still the case?

Please provide the above information by March 15, 2002.

OCD has enclosed copies of recent letters requesting a hearing on this matter. If you have any questions please do not hesitate to contact me at 505-476-3487 or E-mail WPRICE@state.nm.us.

Sincerely,

Wayne Price- Engineer

cc: OCD Hobbs Office Mr. Bill McNeil-landowner Mr. Gary Don Reagan-City of Hobbs Mr. James P. Lyle-Law Office

Attachments-2

L HOR	THE CITY OF HOBBS, NEW MEXIC	0	
	300 NORTH TURNER •	HOBBS, NEW ME	XICO 88240
MEL	CITY ATTORNEY'S OFFICE (505) 397-9226	•	FAX (505) 397-0379
	e-mail address: aa	llen@hobbsnm.org	. ,
	e Price ervation Division French Drive	C	RECEIVED JAN 29 2002 Environmental Bureau Consertation Division

Re: Rice Engineering Contamination Site in Section 9, T19S, R38E

Dear Wayne:

The City of Hobbs hereby gives formal notice of its request that your Division schedule a hearing relating to the application of Rice Engineering for remedial work concerning the contamination at the I-9 Junction in Section 9, Township 19 South, Range 38 East, Lea County, New Mexico (McNeill Ranch).

The City of Hobbs has an easement for storm water runoff unto the above-described property. We have been advised that litigation has already determined that there is, in fact, contamination at the site and that Rice Engineering was responsible for the contamination.

At your earliest convenience please advise the City of the date, time, and place of your hearing.

If the City needs to file any other documents, other than this letter, with your office in order to be advised of and to be heard at the hearing, please advise.

Thank you very much,

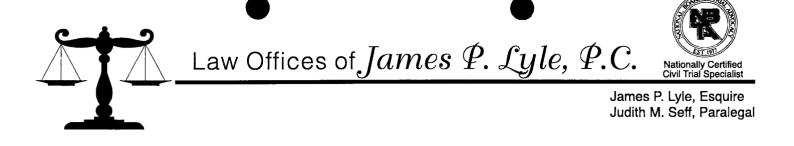
THE CITY OF HOBBS, NEW MEXICO

Gary Don Reagan City Attorney

GDR/aa

cc: Bo Thomas, City Manager David Hooten, Emergency Management/Safety





January 25, 2002

RECEIVED 2 9 2002 onmental Bureau Oil Conservation Division WRONS ANDRESS

Wayne Price New Mexico Oil Conservation Division 1866 Plaza Del Sol #137 Santa Fe, NM 87505

> RE: Junction I-9 Release Site NE 1/4, SE 1/4, Section 09-Ts19-R38e

Dear Mr. Price:

Please accept this letter as a formal reminder that the McNeill Ranch has requested a hearing on the Rice proposal to modify and change the previously approved abatement plan at this site. My understanding is that the City of Hobbs also wishes to be notified of the hearing date.

Please also note my change of address shown below.

Very truly yours,

LAW OFFICES OF JAMES P. LYLE

James P. Lyle

cc: Mr. Bill McNeill





Rice I-9 Abatement Process AP-8 Chronology

(15100	
6/5/98	Rice submits C-141 to District office
10/22/98	Rice Notifies OCD of groundwater contamination
11/20/98	OCD requires Abatement plan
12/17/98	OCD approves emergency abatement measures
1/19/99	Rice submits Stage I abatement plan
3/25/99	OCD administratively approves stage I and request public notice be
5/24/00	issued.
5/24/99	OCD approves Stage I abatement plan
7/21/99	Rice submits results for stage I
8/10/99	OCD requires additional investigation including checking for chlorides
9/14/99	Rice submits stage I results
11/15/99	OCD requires Stage II Clean-up plan
1/10/00	Rice submits stage II plan- excavates and dispose of off-site.
3/10/00	OCD administratively approves stage II and requires public notice
3/31/00	ROC submits proof of public notice.
5/30/00	OCD approves Stage II remediation plan requiring additional soil and
	groundwater sampling.
8/1/00	OCD sends E-Mail requiring Rice to Perform and requiring a new
	deadline of October 31, 2000.
9/11/00	Rice E-mails progress report
9/19/00	OCD inspects site
10/30/00	Rice requests clarification on clean-up levels and requests extension for
	Dec 31, 2000.
11/14/00	McNeill attorney requests a hearing concerning clarification letter.
	Subpoena Wayne Price-OCD oral deposition.
11/17/00	Letter Trenchard-McCallum- Trespass notice.
11/30/00	OCD letter notifying ROC to submit significant modification plan.
12/01.00	Attended deposition in Santa Fe.
12/13/00	ROC submits Revised Stage 2 plan-proposes liners, blending and model.
1/22/01	Civil trial-McNeil vs ROC
3/01/01	OCD letter to McNeil Attorney- include as intervener.
3/02/01	OCD request addition info from ROC on revised plan.
3/30/01	ROC submits addition info.
4/16/01	OCD request additional info from ROC on revised plan.
5/15/01	ROC submits addition info.
7/12/01	OCD approves interim sampling plan for obtaining data for model.
7/18/01	ROC request 45 day extension for intermin sampling plan.
7/18/01	OCD denies extension.
8/21/01	ROC submits leaching model.
10/04/01	OCD denotes discrepancies in model and request additional info for
	model. (E-mail).
11/14/01	ROC presents technical aspects of model in Santa Fe. OCD request ROC
	to submit revisions to plan.
12/13/01	ROC submits revised plan.

1/25/02	Received Formal request for hearing from Mr. McNeill Attorney.
1/25/02	Received Formal request for hearing from City of Hobbs.
2/06/02	OCD request additional information including public notice proposal.
3/08/02	ROC submits additional information.
5/09/02	OCD determines ROC plan is administratively complete and requires
	ROC to issue public notice.
5/24/02	Bill McNeill and JP Lyle (Attorney) request hearing.
6/14/02	ROC submits proof of Public Notice.
7/02/02	OCD writes DRAFT Stage 2 approval.
8/01/02	OCD issues Public Notice of Application to the NMOCD for a Public
	Hearing. OCD Case # 12919
10/2/02	Received Request from J.P. Lyle (McNeil Attorney) to postpone hearing
10/23/02	OCD postpones hearing to 2003 Hearing set for Feb 25, 2003
1/30/03	Hearing postponed until April 2003. Conflicts with parties schedule.
2/17/2003	OCD request additional information from ROC and requires groundwater monitoring.

Junction I-9 Revised Stage 2 Abatement Plan Request from NMOCD

Rice Operating Company Hobbs, New Mexico



13 December 2001

Wayne Price New Mexico Oil Conservation Division Environmental Bureau 1220 South Saint Francis Drive Santa Fe, New Mexico 87505



Subject: Junction I-9 Revised Stage 2 Abatement Plan Request from NMOCD

ARCADIS Project No.: MT000643.0001

Dear Mr. Price:

Thank you for meeting with Carolyn Haynes, Scott Potter and me to discuss the Junction I-9 site Stage 2 Abatement Plan Proposal. We appreciate the opportunity to answer your questions as requested in your October 4, 2001 e-mail regarding the leaching model and evaluation used for chlorides and metals. As we discussed in the meeting, on behalf of Rice Operating Company, we are providing you with this letter addressesing those requests and items discussed in our November 14, 2001 meeting. OCD requests per your October 4, 2001 e-mail and as discussed in our November 14, 2001 meeting are shown in bold type.

1. Provide OCD a copy of the model program with instructions including all input parameters and reasons why they were selected.

The model (leaching calculations) and evaluations were presented in our November 14, 2001 meeting. You were also provided with the United States Environmental Protection Agency (USEPA) guidance documents to support the use of the calculations and selected input parameters. A compact disc containing the calculations used is enclosed with this letter, and the calculations and evaluation are shown in Attachment B. Attachment B is a revision of Appendix B as submitted in the *Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site* on August 21, 2001.

2. Provide OCD detailed calculations for all the Equilibrium equation results. Provide references where all equations were obtained.

Equilibrium equation calculations and results were provided to you in our November 14, 2001 meeting. You were also provided with the United States Environmental



ARCADIS G&M, Inc. 1030 Andrews Hwy. Suite 120 Midland Texas 79701 Tel 915-699-1381 Fax 915-699-1978

ENVIRONMENTAL

December 13, 2001

Contact: Sharon E. Hall

Extension: 916 699-1381

Mr. Wayne Price December 13, 2001

Protection Agency (USEPA) guidance documents to support the use of the calculations and selected input parameters.

3. The term backfill should be properly defined. Page 3 of the document indicates that backfill is blended soil consisting of previously excavated soils and replacement soils. This is confusing because there were equilibrium results for backfill soils. Is this number for excavated soils, replacement soils or backfill?

Backfill to be placed in the excavation between the two liners will consist of a mixture of excavated soil and replacement soil obtained from off-site blended together. The equilibrium results were based on analysis and evaluation of the replacement soils to be obtained from off-site. As we discussed in our meeting, we have evaluated the chloride concentrations of excavated blended soils that can be placed back into the excavation or that can be left in-place between the liners and have determined that a chloride concentration of 1,099 milligrams per kilogram (mg/kg) or less will not result in an increase of chlorides in groundwater exceeding the NMWQCC standard of 250 milligrams per kilogram. No soil with chloride concentrations in excess of 1,099 mg/kg will be placed back into the excavation.

4. Provide a more detailed description on how the upper liner will be constructed, size, etc and the liner marker posts.

The upper liner will be placed across the entire excavation beneath approximately 3 feet of native topsoil. The upper liner (and the lower liner) will consist of a 12 to 15-inch compacted clay layer installed according to NMOCD clay layer specifications (meet or exceed 95% of a Proctor Test ASTM-D-698 and permeability equal to or less than 1 X 10^{-7} cm/sec). A schematic liner construction cross-section was submitted to OCD as Figure 2 in the Stage 2 Abatement Plan Additional Information Request letter dated March 30, 2001. Each corner of the liner will be posted and marked with a sign reading "Buried Liner".

5. Page 4 indicated sample locations, figures and tables were in Appendix B. OCD's copy did not have these in Appendix B.

As we discussed, the sample locations, figures and tables are included in the text and tabbed sections of the report, not in Appendix B.

6. Tables did not have any units referenced. The analytical results had reporting limits. Please have the lab verify if these are arbitrary reporting limits or detection or PQL's.

Mr. Wayne Price December 13, 2001

The units missing from Table 1 are in milligrams per kilogram. The reporting limits in the analytical reports are detection limits.

7. Last page of Appendix B gives dissolved portions of Chloride in pore water ranging from 883 mg/l to 2782 mg/l. OCD saw where the 883 number came from, but where did the 2782 mg/l came from?

The numbers from the report have been revised and were presented in the meeting. The revised numbers show that the dissolved portions of chloride in pore water range from 1316 to 4502 mg/L. The 1316 mg/L number is the equilibrium pore water concentration of the average backfill laboratory measured concentrations and the 4502 mg/L number is the equilibrium pore water concentration of the average sidewall and bottom laboratory measured soil concentrations.

8. The document gives the maximum acceptable chloride concentration level in soils as 2920 mg/kg. OCD requires a detail explanation on how this number was developed. Also the document implies this would be used for stopping delineation. OCD will require justification. This number appears to have been developed for soils that can be placed back into the hole with a protective cover. What about areas outside of the protective cover what number will be used there?

The maximum concentration of chlorides in soil to be placed back or left in-place in the excavation has been re-evaluated and revised to 1,099 mg/kg as discussed in our meeting and calculated in the enclosed model. The derivation of this number is provided in Attachment A. This number was developed for soils that could be placed back into the excavation or left in-place between the clay liners. We propose delineation of chlorides in soil to a concentration of 250 mg/kg.

If you have any questions or need additional information please call Carolyn Haynes at (505) 393-9174 or me at (915) 699-3181.

Very Truly Yours,

ARCADIS G&M, Inc. Sharn E. Norf Sharon Hall Project Manager

Copies: Carolyn Haynes- Rice Operating Company Frank McCallum, 2 copies

Table 1. Summary of the laboratory measured concentrations of the samples taken from background and the excavation area.

					Sample	Sample Location	F				
Metal (mg/Kg)	Background Backgrou 1 2	P	Background 3	Backfill 1	Backfill 2	Backfill 3	North Sidewall	South Sidewall	East Sidewall	West Sidewall	Bottom
As	~2 ~	<5	<2	55	°5 ∖	<5	<5	<5	√2	<5	<5
Ba	83	106	86	66	123	25	105	75	122	48	48
р С	ŝ	<5	<5	25	∿	5 ^5	<5	<5	<5	2 V	ې ئ
ЪЪ	თ	12	თ	<u>ې</u>	9	ي ئ	<5	<5	<2	Q	دی ک
ïŻ	ω	11	ω	9	10	5.	9	<5	11		្តភ
Se	₹ 2	<5	<5	<2 <2	€	<5	<5	<5	S V	۲ د	្តភ
В́Н	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Total Cr	ດ	11	თ	<5 <	თ	<u>م</u>	6	80	7	12	<5
Cr (III)	ດ	11	თ	<5	6	<5	6	ω	7	12	۸ 5
Cr (VI)	8	\$	\$	∾	₽	Ŷ	42	Ŷ	%	%	8
Chloride	<10	<10	<10	70	60	40	130	230	400	<10	210
Soil pH	8.1	7.9	8.2	8.2	8.1	8.2	8.2	8.3	8.4	8.8	9.6

Table 2. Equilibrium soil concentrations and pore water concentrations of the average background sample concentrations and the average backfill sample concentrations.

				Backfil	Backfill Soils	Back	Background Soils	
Metal	Average Background Laboratory Soil Concentration (mg/kg)	Average Average Background Backfill Laboratory Soil Laboratory Soil Concentration Concentration (mg/kg) (mg/kg)	K _a * (L/kg)	Equilibrium Soil Concentration (mg/kg)	Equilibrium Pore Water Concentration (mg/L)	Equilibrium Soil Concentration (mg/kg)	Equilibrium Pore Water Concentration (mg/L) (mg/L)	WQCC Groundwater Standards (mg/L.)
Barium	92.7	82.3	50	82.2	1.645	92.6	1.852	₹
Chromium (III)	9.67	9	2.50E+06	6.0	2.40E-06	9.7	3.87E-06	0.05
Chloride	<10	56.7	0	0.0	1316	QN	ŊŊ	250
	Bulk Density of Sediment = 1.49	ediment = 1.49						

Water Content of Sediment = 0.0642

 ${}^{\star}\!K_{d}$ values are from the Technical Background Document for Soil Screening Guidance (US EPA)

Table 3. Equilibrium soil concentrations and pore water concentrations of the average background sample concentrations and the average sidewall and bottom sample concentrations.

				Sidewall and	Sidewall and Bottom Soils	Backgro	Background Soils	
Metal	Average Background Laboratory Soil Concentration (mg/kg)	Average Sidewall and Bottom Laboratory Soil Concentration (mg/kg)	K _d * (L/kg)	Equilibrium Soil Concentration (mg/kg)	Equilibrium Pore Water Concentration (mg/L)	Equilibrium Soil Concentration (mg/kg)	Equilibrium Pore Water Concentration (mg/L)	WQCC Groundwater Standards (mg/L)
Barium	92.7	79.6	50	79.5	1.591	92.6	1.852	1.00
Chromium (III)	9.7	8.2	2.50E+06	8.2	3.28E-06	9.7	3.88E-06	0.05
Chloride	<10	194	0	0.0	4502	QN	QN	250
	Bulk Density of Sediment = 1.49 Water Content of Sediment = 0.0	Bulk Density of Sediment = 1.49 Water Content of Sediment = 0.0642						

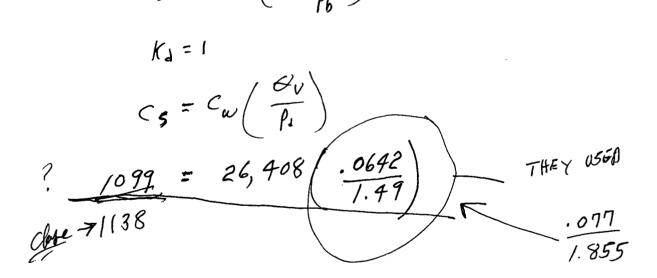
*K_d values are from the Technical Background Document for Soil Screening Guidance (US EPA)



Metai	New Mexico Action Levels (mg/L)	Average Site Groundwater Concentrations (mg/L)	Maximum Pore Water Concentration (mg/L)	Maximum Soil Concentrations (mg/kg)
Ba	1.00	1.47	4.50	225
Cr(III)	0.05	0.0125	11.36	100%
CI	250	163	26408	1099

Table 4. Maximum soil concentrations of detected constituents that would cause an increase of groundwater concentrations above New Mexico action levels.

 $C_{s} = C_{w} \cdot \left(K_{d} \cdot \frac{\sigma_{v}}{\rho_{b}} \right)$



Attachment A

1. Determination of the maximum pore water concentration that would cause the groundwater chloride concentration to exceed 250 mg/L:

$$C_{x} = \frac{Q_{gw} \cdot C_{gw} + Q_{F} \cdot C_{w}}{Q_{T}}$$

$$(6)$$

$$flool flool ft^{3} / day \cdot 163mg / L + 55.5 ft^{3} / day \cdot C_{w}$$

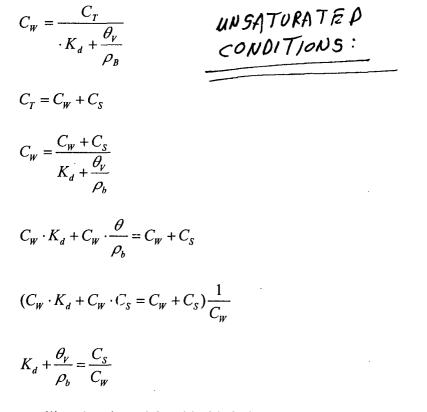
$$(6)$$

$$flool ft^{3} / day \cdot C_{w}$$

(5)

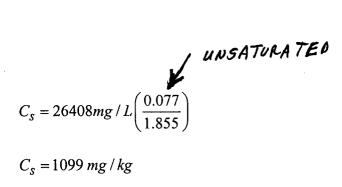
 $C_w = 26408 mg / L$

2. Determination of the equilibrium soil concentration from the pore water concentration:



recalling that the Kd for chloride is 0:

$$C_{s} = C_{w} \left(\frac{\theta_{v}}{\rho_{b}} \right)$$



Attachment B

Model Input and Evaluation

Sampling and analysis of soils was performed in order to provide technical data to determine the final levels of Resource Conservation and Recovery act (RCRA) metals and chlorides that can be placed into the excavation, and to provide delineation information. Three background samples, three samples from proposed backfill materials, and the four sidewall and one bottom samples were collected from the excavation. The sidewall and bottom samples were collected from locations that were most visibly impacted by hydrocarbons. Sample locations are shown in Appendix B, Figure 2. Each of the samples were analyzed for arsenic, barium, cadmium, total chromium, chromium (III), chromium (VI), lead, nickel, selenium, mercury, chloride, and soil pH.

The results of the soil analyses are summarized in Table 1 and laboratory reports are included in Appendix B. Based on analytical results, barium, chromium (III), and chloride were detected at levels above background concentrations. These constituents are the focus of the remaining discussion to evaluate the potential for leaching and impacting groundwater.

The laboratory sample method uses acid to extract the metals in sediment. The "acid digest" method assumes that all of the metals are extracted from the solid phase and does not account for the fraction of the metals that are dissolved in the liquid phase of soil moisture when the sample was collected in the field. Therefore, the laboratory analysis overestimates the actual solid phase concentration. The important implication of this observation will occur after the soil is placed at the site. Soil moisture levels will gradually increase to field capacity if there is any groundwater recharge at the site (a necessary assumption for there to exist the potential for constituents to leach). As the soil moisture increases, the total mass quantified in the soil samples will reach a new equilibrium between the dissolved and adsorbed phases. This redistribution of constituents in the replacement soils was evaluated for each constituent exceeding background levels.

SOIL PARTITIONING CALCULATIONS

The total mass of a particular metal is distributed between two phases in soil, one fraction in the soil moisture and the other fraction adsorbed to the solid phase. The distribution of the concentration of the metal in the two phases is described by the distribution coefficient (K_d). The distribution coefficient is defined as follows:

$$K_d = \frac{C_s}{C_w} \tag{1}$$

where:

 C_s = the fraction of the metal sorbed to the soil phase (mg/g) and

 C_w = the fraction of the metal in the dissolved phase (mg/ml).

Equation 1 assumes a linear relationship between the processes of sorption and desorption.

The total mass in the adsorbed phase is computed by multiplying the soil concentration (C_s) by the bulk density of the soil (ρ_b ; g/cm³). The total mass in the dissolved phase in unsaturated conditions is determined by multiplying the pore water concentration (C_w) by the volumetric water content at field capacity of the soil (θ_{V_i} %). Therefore, the total mass in both phases is determined by the following equation:

$$M_T = C_s \cdot \rho_B + C_w \cdot \theta_v \tag{2}$$

where: $M_T = is$ the total mass of the sample (mg/cm³).

The total mass of the sample is expressed as a function of the laboratory concentration using the following equation:

Dividing equation (2) by ρ_b and substituting equation (1) and (3) yields equation (4):

$$C_T = C_W \left[K_d + \frac{\theta_V}{\rho_B} \right] \tag{4}$$

Or, in a more useful form, the potential concentration as a function of the laboratory measured concentration:

$$C_{W} = \frac{C_{T}}{K_{d} + \frac{\theta_{V}}{\rho_{B}}}$$
(5)

The soil concentration can be computed from the concentration of a constituent in pore water known the soil concentration can be computed by substituting $C_W + C_S$ for C_T in equation (5), rearranging, and recalling that the K_d for chloride is 0:

$$C_{s} = C_{w} \cdot \left(K_{d} \cdot \frac{\theta_{v}}{\rho_{l}} \right)$$
(6)

Soils are heterogeneous with respect to the distribution of inorganic constituents. Therefore, the soil data were averaged to determine concentration values more representative of site conditions. Table 2 compares the soil and pore water equilibrium concentrations of background samples to the average concentration of the backfill samples. Table 3 compares the equilibrium concentrations of background samples to the average concentration from the sidewall and bottom samples. These tables show that chloride exceeds background soil concentrations and pore water concentrations, and barium exceeds pore water concentrations.

PERCOLATION ESTIMATE

The Hydrologic Evaluation of Landfill Performance (HELP) model (Schroder et al., 1995A, 1995B) was used to calculate the water flux though the backfilled portion of the site in order to evaluate the potential effects of chloride on the groundwater system. The HELP model design for the site consisted of three layers: a soil cover, a compacted clay layer, and the blended backfill soils. The compacted clay liner was assumed to have a permeability no greater than 1×10^{-8} cm/sec. The entire excavation area was assumed have the potential to generate runoff. The final grade of the soil surface was assumed to be 4 percent, consistent with site landfill closure plan and NM LCRS. The HELP model predicted a flux rate of 0.015 in/yr through the backfill. It should be noted that this value is a conservative over-estimate of the true recharge value. The HELP model was developed to ensure that engineering components were adequately designed and to evaluate the merits of engineered alternatives, and as such, consistently over-predicts percolation through cover elements. Due to the presence of significant caliche in undisturbed soils adjacent to the site, it is unlikely that measurable recharge occurs at the site or that there is a significant potential for constituents to be leached from placement soils.

GROUNDWATER DILUTION FACTOR

The potential impact of the constituents on the groundwater system was determined by mixing the potential flux through the replacement soils with ambient groundwater. The change in concentration in the local groundwater system directly beneath the site was determined using a mixing model:

$$C_X = \frac{Q_{GW} \cdot C_{GW} + Q_F \cdot C_W}{Q_T} \tag{7}$$

where;

 C_x = the mixed groundwater concentration,

 Q_{GW} = flux of groundwater through the mixing zone (ft³/yr),

 C_{GW} = ambient concentration in groundwater (mg/L),

 Q_F = water flux through the landfill area (ft³/yr),

 Q_T = total groundwater flux = $Q_{GW} + Q_F$ (ft³/yr), and

 C_W = constituent concentration in the pore water of the backfill soils

(mg/L).

The groundwater flux through the mixing zone was computed from Darcy's Law:

$$Q_{GW} = K \cdot i \cdot A \tag{8}$$

where:

K = is the hydraulic conductivity (ft/yr),

i = the hydraulic gradient (ft/ft), and

A = is the cross-sectional area of the aquifer within the mixing zone perpendicular to groundwater flow.

Groundwater beneath the site is approximately 30 feet below land surface. There is no site-specific data on the hydraulic conductivity for the limestone; however, there is published hydraulic conductivity data for this geologic formation of 2.0 ft/day. The hydraulic gradient was computed from observed water levels to be 0.00917 ft/ft. The cross-sectional area of the aquifer within the mixing zone was computed to be 2500 ft²; the width of the placement area was approximately 250 feet and the mixing thickness was estimated to be ten feet (screen length). The flux of groundwater through this zone beneath the site is computed to be 16,735 ft³/yr (0.24 gpm). The flow of water through the backfill was computed from the HELP model results to be 55.5 ft³/yr. Inputting the water balance data into Equation 7, the dilution factor from pore water to groundwater is computed to be 0.0033 [55.5/(55.5+16,735)].

POTENTIAL GROUNDWATER IMPACTS

Review of Tables 2 and 3 indicate that three constituents (barium, chromium(III), and chloride) are of potential concern because they were detected either in replacement soils or in sidewall soils at levels equal to or exceeding background data. The data were evaluated first by computing future equilibrium pore water concentrations and comparing the values to New Mexico action levels. This comparison is very conservative as it does not account for dilution that will occur after pore water mixes with groundwater. This comparison showed that barium and chromium(III) in both soil and pore water are the same as background levels. Of these constituents, chromium(III) is less than New Mexico action levels, and barium is slightly above. This concentration exceedence for barium is not associated with remedial activities, but is because barium is naturally abundant in the soils surrounding the site. This observation is supported by the groundwater data (average levels are 1.47 mg/L consistent with background pore water concentrations of 1.48 mg/L) and by the physical properties of barium in soils. The physical properties of barium cause it to be strongly adsorbed to soil (K_d is equal to 42), which limits its mobility in both soil water and groundwater; barium will move 900 times slower than water in soils and 150 times slower in groundwater. Therefore, the barium that has been detected in groundwater is not correlated to a recent release but is the result of long-term leaching from natural soils.

Chloride has been detected in both the replacement soils, and the sidewall soils and bottom soils at levels above background soils. Chloride is highly soluble and can be expected to dissolve in pore water after the soils have been replaced. Dissolved concentrations in the pore water may range from 1316 to 4502 mg/L. The dissolved concentration increase at these levels was determined using the groundwater dilution factor computed above to be 4.34 to 14.86 mg/L. This is a small incremental change in concentration relative to the New Mexico action levels.

ACCEPTABLE MAXIMUM SOIL CONCENTRATION LEVELS

The maximum site-specific soil concentrations were also computed. These values were computed from the difference between average groundwater concentrations and the New Mexico action levels. They also reflect the size of the site, the anticipated percolation rate and the ambient groundwater flow conditions. These results are summarized in Table 4. Barium indicates that soils should have concentrations consistent with background levels to ensure no further concentration increases. Chromium (III) is a very stable compound at pH levels above 7.0 (with increasing stability at increasing pHs) and will not partition into pore water at significant concentrations if the soil were 100% Cr. Given the higher than neutral pHs of the soils samples and the buffering capacity of the underlying limestone, the chromium will not leach from the soil under anticipated site conditions. The maximum acceptable chloride level in soils is 1,128 mg/L as shown in Table 4.

Price, Wayne

From: Sent: To: Subject: Hall, Sharon E. [SHall@arcadis-us.com] Thursday, November 15, 2001 9:31 AM Price, Wayne Junction I-9 Stage 2 Revision

Wayne, Thank you for meeting with Carolyn Haynes, Scott Potter and myself to discuss the Junction I-9 site Stage 2 Abatement Plan Proposal. We appreciate the opportunity to answer your questions as requested in your October 4, 2001 e-mail regarding the leaching evaluation used for chlorides and metals. As we discussed in the meeting, we will provide you with a letter that addresses your requests as outlined in your October 4 e-mail and your requests discussed in our meeting yesterday by December 14, 2001. Additional information we will provide to you by December 14 are:

 Response to your eight October 4, 2001 e-mail requests,
 Provide you with a CD that contains the evaluation and calculations for chloride concentrations that can be placed back into the excavation between the upper and lower liners
 Provide you with a CD that contains evaluation and calculations for concentration of chlorides in soil to be used delineation

If you have any questions or need additional information at this time please call me at (915) 699-1381. Regards, Sharon Hall

CC: BILL Me Neil

Price, Wayne

From:Price, WayneSent:Thursday, October 04, 2001 11:12 AMTo:'riceswd@gte.net'Cc:'shall@gmgw.com'Subject:Rice Revised Stage 2 Abatement Plan AP-8 for the I-9 site dated August 21, 2001

Contacts: Carolyn Doran Haynes

Attention: Carolyn Haynes:

The OCD is in receipt of the captioned document. In order for OCD to properly evaluate this proposal the following will be required:

1. Provide OCD a copy of the model program with instructions including all input parameters and reasons why they were selected.

2. Provide OCD detail calculations for all the Equilibrium equation results. Provide references where all equations were obtained.

3. The term backfill should be properly defined. Page 3 of the document indicates that backfill is blended soil consisting of previously excavated soils and replacement soils. This is confusing because there were equilibrium results for backfill soils. Is this numbers for excavated soils, replacement soils or backfill?

4. Provide a more detail description on how the upper liner will be constructed, size, etc and the liner marker posts.

5. Page 4 indicated sample locations, figures and tables were in Appendix B. OCD's copy did not have these in Appendix B.

6. Tables did not have any units referenced. The analyticals had reporting limits. Please have the lab verify if these are arbitrary reporting limits or detection or PQL's.

7. Last page of Appendix B gives dissolves portions of Chloride in pore water ranging from 883 mg/l to 2782 mg/l. OCD saw where the 883 number came from, but where did the 2782 mg/l came from?

8. The document gives the maximum acceptable chloride concentration level in soils as 2920 mg/l. OCD requires a detail explanation on how this number was developed. Also the document implies this would be used for stopping delineation. OCD will require justification. This number appears to have been developed for soils that can be placed back into the hole with a protective cover. What about areas outside of the protective cover what number will be used there?

OCD recommends that Rice Operating coordinate a technical meeting in OCD Santa Fe office within the next 30 days to discuss these issues.

CC: Bill McNeil

ARCADIS GERAGHTY&MILLER



ARCADIS G&M Inc. 1030 Andrews Hwy.

Suite 120

Midland

Texas 79701

Tel 915-699-1381

Fax 915-699-1978

ENVIRONMENTAL

Wayne Price New Mexico Energy, Minerals, and Natural Resources Department 1220 South Saint Francis Drive Santa Fe, New Mexico 87505

Subject:

Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico

RECEIVED

Alic 2 4 2001 Environmental Bureau

Oil Conservation Division

Dear Mr. Price:

Rice Operating Company (ROC) and ARCADIS G&M (ARCADIS) are in receipt of your letter dated July 12, 2001 requesting that additional information concerning the above-referenced Stage 2 Abatement Plan be submitted to the New Mexico Oil Conservation Division (OCD) by August 15, 2001. We appreciate your approval to extend the submittal date for the requested information to August 22, 2001. Attached you will find the requested final Stage 2 Abatement Plan proposal, results of sampling and analysis findings and leaching model information. Sampling and analysis results and leaching model information are included in Appendix B of the revised Stage 2 Abatement Plan proposal. In response to your requests:

Item 1. Public Notice

ROC and ARCADIS understand that the OCD defers comment on public notice until additional information is submitted.

Item 2. Provide the design and completion of wells.

ROC and ARCADIS acknowledge OCD's approval of the design and completion of the wells as proposed.

Item 3. OCD defers approval of how the liners will be protected in the future and recommends that ROC propose additional methods.

Access to the site is limited to the current landowner and ROC. ROC will provide the landowner with global positioning system (GPS) Midland, Texas, 21 August 2001

Contact: Sharon E. Hall

Extension: 915 699-1381

ARCADIS GERAGHTY& MILLER

coordinates and will request that the landowner deed record the location in the event that the land is sold in the future. Fence posts with engraved markers that read "Buried Liner" will be placed at the corners of the liner.

Item 4. Complete

Item 5. & 6.

As approved by OCD, interim sampling and analysis was performed in order to provide technical data to assist ROC in determining the final levels of Resource Conservation Recovery Act RCRA metals and chlorides that may be placed in the excavation and provide delineation information. Sampling, analysis, and leaching model evaluation are included in Appendix B of the attached revised Stage 2 Abatement Plan proposal.

Item 7. Proposed MW-7 Location

As requested, ROC proposes to locate the upgradient monitor well MW-7 location 300 feet upgradient from the location as proposed in the March 30, 2001 proposal. The revised well location is shown in Figure 1 of the attached revised Stage 2 Abatement Plan proposal.

If you have any questions, please call Carolyn Haynes of Rice Operating Company at (505) 393-9174 or me at (915) 699-1381.

Very truly yours,

ARCADIS G&M, Inc.

Shann E. Hall

Sharon E. Hall Project Manager

Copies: Carolyn Haynes, Rice Operating Company Chris Williams, OCD Hobbs District Frank McCallum, 2 copies

Price, Wayne

From:	Price, Wayne
Sent:	Friday, July 20, 2001 8:17 AM
To:	'Hall, Sharon E.'
Subject:	RE: Rice AP-8 I-9

Approved!

From:Hall, Sharon E.[SSent:Friday, July 20, 2To:Price, WayneCc:Frank McCallumSubject:RE: Rice AP-8	(E-mail)
--	----------

Thank you for your prompt response to my request for an extension. I understand your need to keep the project moving in a timely fashion. In order to complete the work we have proposed and ensure a the proper quality assurance, I would like to request a one week extension of the August 15 deadline. With your approval the requested information will be submitted to you on August 22, 2001. Regards, Sharon Hall

-----Original Message-----From: Price, Wayne [mailto:WPrice@state.nm.us] Sent: Wednesday, July 18, 2001 5:01 PM To: 'Hall, Sharon E.' Cc: 'Frank McCallum (E-mail)' Subject: RE: Rice AP-8 I-9

> -----

- > From: Price, Wayne
- > Sent: Wednesday, July 18, 2001 4:00 PM
- > To: Price, Wayne; 'Hall, Sharon E.'
- > Cc: Frank McCallum (E-mail)
- > Subject: RE: Rice AP-8 I-9

> Dear Sharon:

>

> Due to the amount of time this project has taken and the fact that OCD has

> been very liberal with previous extensions, I do not feel that an

- > extension is in order at this time.
- > I want to see this project keep moving in a timely fashion.
- >

> Thank You.

- > -----
- > From: Hall, Sharon E.[SMTP:SHall@arcadis-us.com]
- > Sent: Wednesday, July 18, 2001 3:54 PM
- > To: Price, Wayne
- > Cc: Frank McCallum (E-mail)
- > Subject: RE: Rice AP-8 Í-9
- >
- > Thank you for the attached letter. I would like to request an

> extension of

- > the August 15, 2001 submittal of the results of the findings,
- > leaching model
- > and final Stage 2 Abatement Plan proposal to October 1, 2001. The
- > extension
- > is necessary in order to complete the sampling, receive and evaluate

> the

- analytical results, perform the leaching model and prepare the final >
- > Stage 2
 > Abatement Plan Proposal. Your approval of this request for an > extension will
- > be appreciated. If you have any questions or need additional > information,
- please call me at (915) 699-1381. Regards, Sharon Hall >
- >
- >
- >
- -----Original Message-----From: Price, Wayne [mailto:WPrice@state.nm.us] Sent: Friday, July 13, 2001 12:08 PM To: 'shall@gmgw.com' Subject: Rice AP-8 I-9 >
- >
- >
- >
- > >
- > Signed copy went out today!
- >
- > > <<Revapp.doc>>
- >

Price, Wayne

From:	Price, Wayne
Sent:	Wednesday, July 18, 2001 4:01 PM
То:	'Hall, Sharon E.'
Cc:	'Frank McCallum (E-mail)'
Subject:	RE: Rice AP-8 1-9

From:	Price, Wayne	
Sent:	Wednesday, July 18, 2001 4:00 PM	
То:	Price, Wayne; 'Hall, Sharon E.'	
Cc:	Frank McCallum (E-mail)	
Subject:	RE: Rice AP-8 I-9	

Dear Sharon:

Due to the amount of time this project has taken and the fact that OCD has been very liberal with previous extensions, I do not feel that an extension is in order at this time. I want to see this project keep moving in a timely fashion.

Thank You.

~~~~~~~~

| From:    | Hall, Sharon E.[SMTP:SHall@arcadis-us.com] |  |
|----------|--------------------------------------------|--|
| Sent:    | Wednesday, July 18, 2001 3:54 PM           |  |
| То:      | Price, Wayne                               |  |
| Cc:      | Frank McCallum (E-mail)                    |  |
| Subject: | RE: Rice AP-8 I-9                          |  |

Thank you for the attached letter. I would like to request an extension of

# ARCADIS GERAGHTY&MILLER

Wayne Price New Mexico Energy, Minerals, and Natural Resources Department 1220 South Saint Francis Drive Santa Fe, New Mexico 87505

#### Subject:

Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico

MAY I A 2001

#### Dear Mr. Price:

Rice Operating Company (ROC) and ARCADIS G&M (ARCADIS) are in receipt of your letter dated April 16, 2001, requesting that additional information concerning the above-referenced Stage 2 Abatement Plan be submitted to the New Mexico Oil Conservation Division (OCD) by May 18, 2001. In response to your requests:

1. Public Notice

ROC and ARCADIS understand that the OCD defers comment on public notice until additional information is submitted.

2. Provide the design and completion of wells.

The monitor wells will be constructed using 2-inch inside-diameter Schedule 40 PVC casing. The recovery well will be constructed of 4-inch insidediameter Schedule 40 PVC casing. The wells will be constructed with fifteen feet of slotted PVC casing, 10 feet below top of groundwater and five feet above top of groundwater. The wells will be sand-packed with a five-foot bentonite plug placed immediately above the sand pack. The wells will be grouted above the bentonite plug with cement containing 3-5% bentonite and completed with a flush mounted cover. An example of the well completion is shown on the attached Well Completion Diagram.

3. Provide a plan for OCD approval describing how the liners will be protected in the future.



ARCADIS G&M Inc. 1030 Andrews Hwy. Suite 120 Midland Texas 79701 Tel 915-699-1381 Fax 915-699-1978

ENVIRONMENTAL

Midland, Texas, 15 May 2001

Contact: Sharon E. Hall

Extension: 915 699-1381

## **ARCADIS** GERAGHTY&MILLER

Access to the site is limited to the current landowner and ROC. ROC will provide the landowner with global positioning system (GPS) coordinates and will request that the landowner deed record the location in the event that the land is sold in the future.

- 4. Complete
- 5. Provide information pertaining to levels of metals and geochemistry compounds to be placed back in the excavation.

A leaching model will be performed in order to determine levels of metals and geochemistry compounds to be placed back in the excavation. Three background samples and three samples from the backfill soils to be used at the site will be collected and submitted for analysis for Resource Conservation and Recovery Act (RCRA) metals (arsenic, barium, cadmium, chromium, lead, mercury, nickel and selenium) and chlorides. One soil sample will be collected from each of the four sides of the excavation at a location that is the most visibly impacted. One soil sample will be collected from the floor of the excavation at a location that is the most visibly impacted. Any compound that is detected at a concentration exceeding background or backfill concentrations will be evaluated using a leaching model to determine the concentration of the compound to be placed back in the excavation. The soils will be sampled within one week (7 days) of OCD approval of this proposed evaluation and the results of the leaching model will be submitted to the OCD within 45 days of OCD approval of this proposed evaluation.

6. Provide delineation levels for metals and general chemistry.

A leaching model will be performed in order to determine the delineation levels for metals and geochemistry compounds. Three background samples and three samples from the backfill soils to be used at the site will be collected and will be submitted for analysis for RCRA metals (arsenic, barium, cadmium, chromium, lead, mercury, nickel and selenium) and chlorides. One soil sample will be collected from each of the four sides of the excavation at a location that is the most visibly impacted. One soil sample will be collected from the floor of the excavation at a location that is the most visibly impacted. Any compound that is detected at a concentration exceeding background or backfill concentrations will be evaluated using a leaching model to determine the concentration of the compound to be placed back in the excavation. The soils will be sampled within one week (7 days) of OCD approval of this proposed evaluation and the results of the leaching

## ARCADIS GERAGHTY& MILLER

model will be submitted to the OCD within 45 days of OCD approval of this proposed evaluation.

7. Complete

If you have any questions, please call Carolyn Haynes of Rice Operating Company at (505) 393-9174 or me at (915) 699-1381.

Very truly yours,

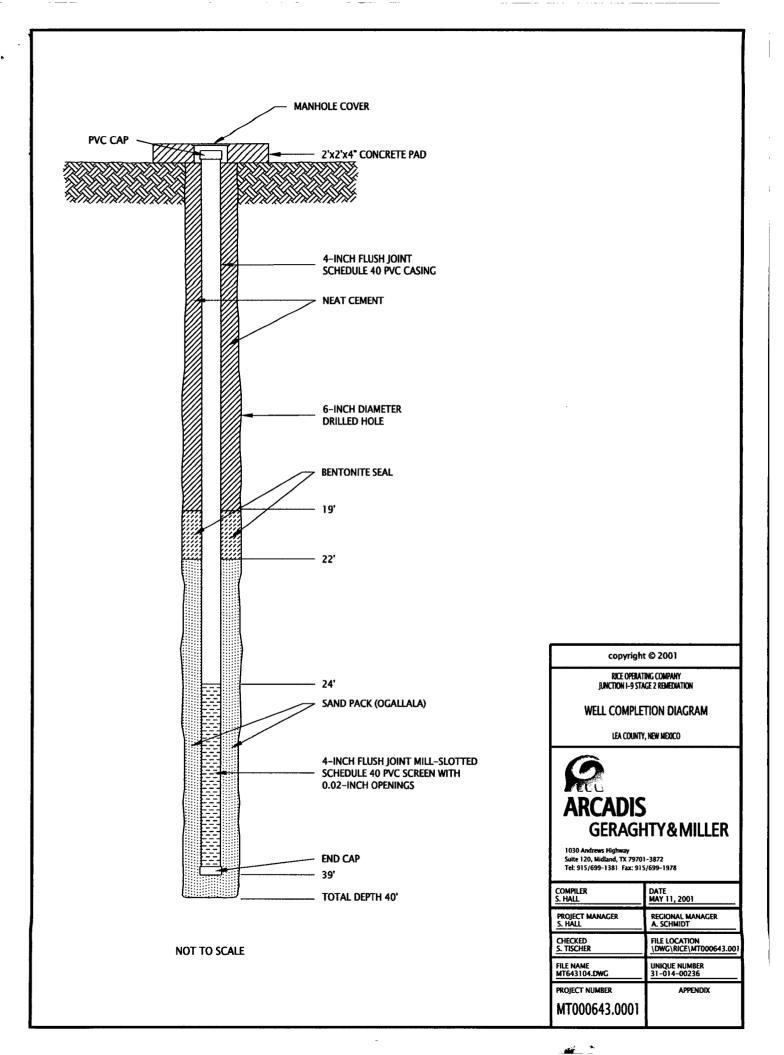
ARCADIS G&M, Inc.

Shann E. Hall

Sharon E. Hall Project Manager

Copies:

Carolyn Haynes, Rice Operating Company Chris Williams, OCD Hobbs District Frank McCallum, 2 copies





# NEW EXICO ENERGY, MONERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary

April 16, 2001

Lori Wrotenbery Director Oil Conservation Division

## CERTIFIED MAIL RETURN RECEIPT NO. 3771 7262

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Revised Stage 2 Abatement Plan (AP-8) Additional Information Request Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) is in receipt of Rice Operating Company's (ROC) Revised Stage 2 Abatement Plan Proposal Additional Information Request, Junction I-9 Release Site dated March 30, 2001. The OCD considers this revised proposal to be a significant modification because there were considerable deviations from the originally approved plan. The submitted plan is deficient and in order for OCD to continue its evaluation process please provide the following information by May 18, 2001.

Item 1. OCD defers comment on public notice until additional information is submitted.

Item 2. Please provide the design and completion of wells.

Item 3. Please provide a plan for OCD approval describing how the liners will be protected in the future.

Item 4. Complete.

Item 5. Please provide the information requested.

Item 6. Please provide the information requested.

Item 7. Complete.

Carolyn Doran Haynes April 16, 2001 page 2

If you have any questions please do not hesitate to contact me at 505-476-3487.

Sincerely;

Ways / w

Wayne Price-Pet. Engr. Spec.

Cc; OCD Hobbs District Branch Law Firm-James P. Lyle Bill McNeill-landowner Arcadis Geraghty & Miller- Sharon Hall

# **ARCADIS** GERAGHTY&MILLER

Wayne Price New Mexico Energy, Minerals, and Natural Resources Department 1220 South Saint Francis Drive Santa Fe, New Mexico 87505

#### Subject:

Revised Stage 2 Abatement Plan Additional Information Request, Junction I-9 Site; Hobbs, New Mexico

#### Dear Mr. Price:

Rice Operating Company and ARCADIS Geraghty and Miller (ARCADIS) are in receipt of your letter dated March 2, 2001, requesting that additional information concerning the above-referenced Stage 2 Abatement Plan be submitted to the New Mexico Oil Conservation Division (OCD) by April 2, 2001. On behalf of Rice Operating Company, ARCADIS would like to request clarification of your request and would like to respond to your request. We would like clarification as to why the OCD considers the Revised Stage 2 Abatement Plan proposal to be what you describe as a significant modification of the previously approved Stage 2 Abatement Plan. The installation of an additional liner enhances the protection of human health and the environment. In response to your requests:

1. Provide copy of public notice.

A copy of the public notice is included in Appendix A for pre-approval by the OCD. Public notice will be sent to the parties who received original public notice and all parties designated by OCD.

2. Provide plot plan map with well locations.

Figure 1 is a site plan that depicts the locations of the existing recovery well (RW-1) and monitor wells (MW-1, MW-2, MW-3 and MW-4.) Proposed monitor well locations are also shown (MW-5, MW-6 and MW-7). If any wells are removed as a result of excavation activities, they will be replaced in the original location as shown on Figure 1. Additional monitor wells and replacement wells will be drilled and installed following backfilling and capping of the excavation. The monitor wells will be constructed using 2-

ARCADIS Geraghty & Miller, Inc. 1030 Andrews Hwy. Suite 120 Midland Texas 79701 Tel 915-699-1381 Fax 915-699-1978

ENVIRONMENTAL

Midland, Texas, 30 March 2001

Contact: Sharon E. Hall

Extension: 915 699-1381



臣侣臣

2001

## **ARCADIS** GERAGHTY& MILLER

inch inside-diameter Schedule 40 PVC casing. The recovery well will be constructed of 4-inch inside-diameter Schedule 40 PVC casing. The wells will be constructed with fifteen feet of slotted PVC casing, 10 feet below top of groundwater and five feet above top of groundwater. The wells will be sand-packed with a five-foot bentonite plug placed immediately above the sand pack. The wells will be grouted above the bentonite plug with cement containing 3-5% bentonite and completed with a flush mounted cover.

3. Provide cross section view showing liner locations.

Figure 2 is a schematic cross section showing the location of the liners proposed at this site. One liner will be placed at the base of the excavation in any areas where the groundwater has been encountered by excavation activities. A second liner will be placed approximately three feet below ground surface across the entire excavated area. Each liner will consist of a 12-15-inch compacted clay layer installed according to NMOCD clay layer specifications (meet or exceed 95% of a Proctor Test ASTM-D-698 and permeability equal to or less than 1 x 10<sup>-7</sup> cm/sec).

4. Provide information pertaining to oxygen release socks.

Information pertaining to the proposed oxygen release socks is included in Appendix B.

5. Provide information pertaining to levels of metals and geochemistry compounds to be placed back in the excavation.

The plan does not provide information pertaining to what levels of metals and general chemistry compounds will be placed back in the hole because the double liner is designed to prevent leaching of these compounds to groundwater, and therefore they have not been addressed. It is expected that if elevated concentrations of these compounds were present, they would be found in hydrocarbon-impacted soils. Hydrocarbon-impacted soils with concentrations in excess of OCD total petroleum hydrocarbon (TPH), benzene and benzene, toluene, ethylbenzene and xylenes (BTEX) guidelines will be removed and blended to OCD guideline concentrations. Additionally, sampling and analysis of groundwater from the existing and proposed monitor wells will provide sufficient data to identify if these compounds are leaching to groundwater and impacting groundwater above New Mexico Water Quality Control Commission standards.

Wayne Price March 30, 2001

## **ARCADIS** GERAGHTY& MILLER

6. Provide delineation levels for metals and general chemistry.

Hydrocarbon impacted soils with concentrations in excess of OCD total petroleum hydrocarbon (TPH), benzene and benzene, toluene, ethylbenzene and xylenes (BTEX) guidelines will be removed and blended to OCD guideline concentrations. Following completion of the excavation, soil samples will be obtained from the bottom and sidewalls of the excavation and will be analyzed for metals and general chemistry. Additionally, sampling and analysis of groundwater from the existing and proposed monitor wells will provide sufficient data to identify if these compounds are leaching to groundwater and impacting groundwater above New Mexico Water Quality Control Commission standards.

7. Propose another location for the up-gradient monitor well outside of the disturbed area.

The location for the up-gradient monitor well outside of the disturbed area is shown as MW-7 in Figure 1.

If you have any questions, please call Carolyn Haynes of Rice Operating Company at (505) 393-9174 or me at (915) 699-1381.

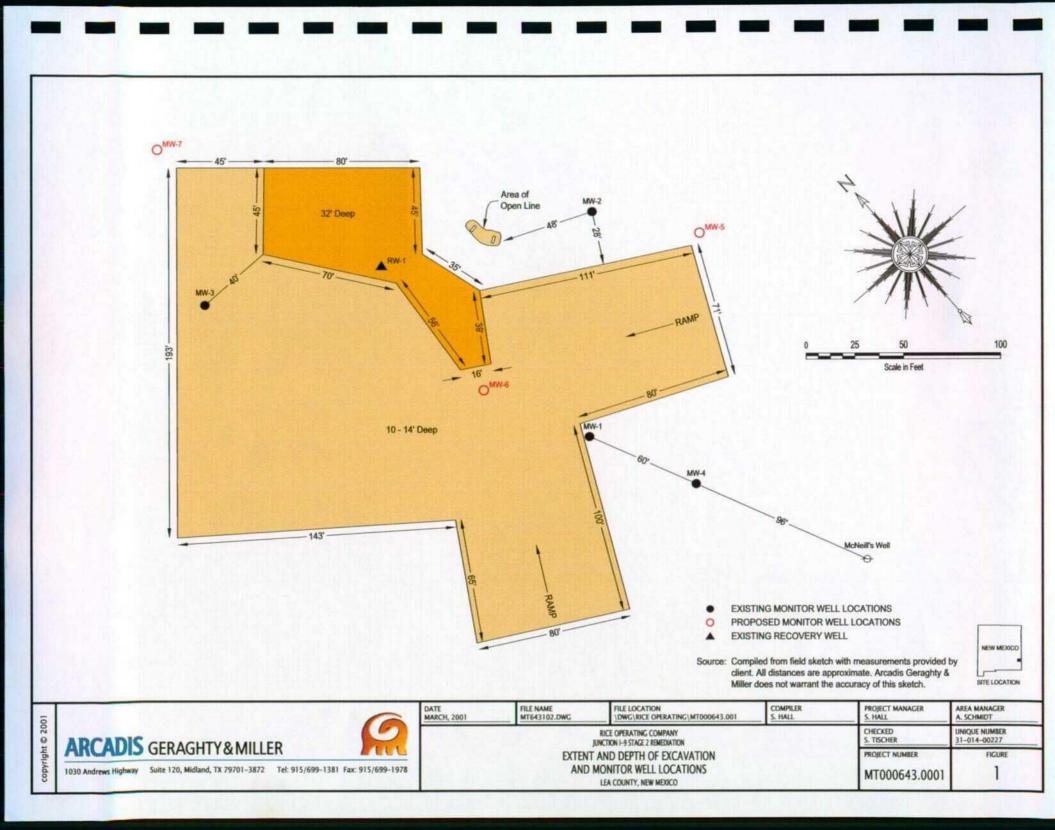
Very truly yours,

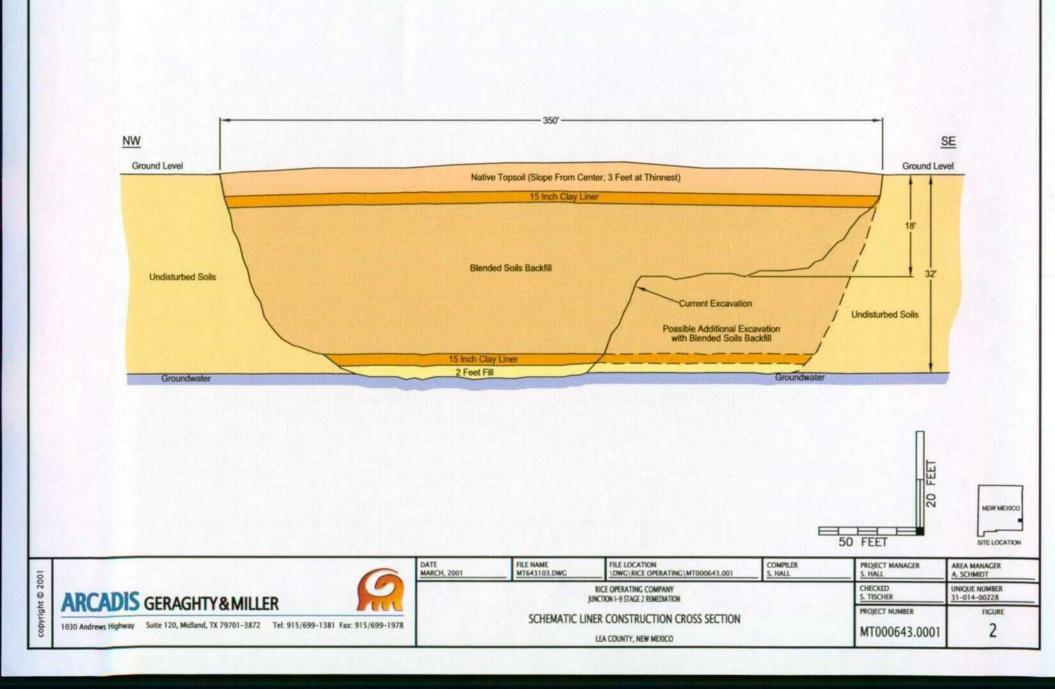
ARCADIS Geraghty & Miller, Inc.

Sharm E. Hall

Sharon E. Hall Project Manager

Copies: Carolyn Haynes, Rice Operating Company Chris Williams, OCD Hobbs District





DRAFT FOR REVIEW

## NOTICE OF PUBLICATION

## State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage II Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage II Abatement Plan Revision Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately 0.6 miles southwest of Hobbs in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; install clay layer at groundwater interface; backfill excavation with blended fill soil to within 3 feet of surface; backfill remaining with clean topsoil; seed surface with native vegetation; PSH recovery from groundwater and treatment to promote natural biodegradation of hydrocarbons in the groundwater; quarterly sampling of all monitor wells until results meet NMWQCC standards for eight consecutive quarters and approval of the NMOCD; prepare a report summarizing field activities and laboratory results; report monitor well results annually until closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage II Abatement Plan Revision Proposal may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage II Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.

REGENESIS



About Regenesis What's New! Products Contaminants International Software Seminars Conferences Ordering Library Contact Us Instructions Address Update Links Page ORC MATERIAL SAFETY DATA SHEET Last Revised : April 17, 1998

## SECTION# 1 - MATERIAL IDENTIFICATION

#### SUPPLIER:

**REGENESIS** Bioremediation Products

1011 Calle Sombra

San Clemente, CA 92673

Tel: 949-366-8000

Fax: 949-366-8090

Email: orc@regenesis.com

### CHEMICAL DESCRIPTION:

A mixture of Magnesium Peroxide [MgO2], Magnesium Oxide [MgO], and Magnesium Hydroxide 2]

#### **CHEMICAL FAMILY:**

Inorganic Chemicals

PRODUCT NAME:

Oxygen Release Compound (ORC®)

### **PRODUCT USE:**

Used for environmental remediation of contaminated soil and groundwater

## SECTION# 2 - CHEMICAL IDENTIFICATION

#### CHEMICAL CHARACTERIZATION

Magnesium Peroxide [MgO2]: CAS Reg. No. 14452-57-4

Magnesium Oxide [MgO]: CAS Reg. No. 1309-48-4 Magnesium Hydroxide ((Mg(OH)2): CAS Reg. No. 1309-42-8 FORM : powder COLOR: white ODOR: odorless ASSAY: 25 - 35% Magnesium Peroxide (MgO2) \*\*\*\*\*\*\*\* SECTION# 3 - PHYSICAL AND TECHNICAL SAFETY DATA MELTING POINT: Not Determined BOILING POINT: Not Determined DENSITY: .6 - .8 g/cc BULK DENSITY: ---VAPOR PRESSURE: Data not available VISCOSITY: ---SOLUBILITY: Reacts with water. Soluble in acid pH VALUE: Approx. 10 in saturated solution FLASH POINT: Not applicable SELF-IGNITION TEMPERATURE: Not applicable EXPLOSION LIMITS % BY VOLUME: ---THERMAL DECOMPOSITION: Spontaneous decomposition possible about 150° C HAZARDOUS DECOMPOSITION PRODUCTS: Not known HAZARDOUS REACTIONS: Hazardous polymerization will not occur FURTHER INFORMATION: Non-combustible, but will support combustion **SECTION# 4 - REACTIVITY DATA** 

STABILITY: Product is stable unless heated above 150°C. Magnesium Peroxide reacts with water release oxygen. React by product is magnesium hydroxide

CONDITIONS TO AVOID: Heat above 150°C. Open flames

INCOMPATIBILITY: Strong Acids. Strong chemical agents

HAZARDOUS POLYMERIZATION: None known

## SECTION# 5 - REGULATIONS

PERMISSIBLE EXPOSURE LIMITS IN AIR: Not established. Should be treated as a nuisance dus

# SECTION# 6 - PROTECTIVE MEASURES, STORAGE, AND HANDLING

#### TECHNICAL PROTECTIVE MEASURES

STORAGE: Keep container tightly closed. Keep away from combustible material

HANDLING: Use only in well-ventilated areas

PERSONAL PROTECTIVE EQUIPMENT

RESPIRATORY PROTECTION: Recommended (HEPA Filters)

HAND PROTECTION: Wear suitable gloves

EYE PROTECTION: Use chemical safety goggles

OTHER: ---

INDUSTRIAL HYGIENE: Avoid contact with skin and eyes

PROTECTION AGAINST FIRE AND EXPLOSION: ---

DISPOSAL: Dispose via sanitary landfill per state/local authority

FURTHER INFORMATION: Not flammable, but may intensify fire

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## SECTION# 7 - MEASURES IN CASE OF ACCIDENTS AND FIRE

AFTER SPILLAGE/LEAKAGE/GAS LEAKAGE: Collect in suitable containers. Wash remainder copious quantities of water.

EXTINGUISHING MEDIA

SUITABLE: Carbon dioxide, dry chemicals, foam

#### NOT TO BE USED: ---

FURTHER INFORMATION: Self contained breathing apparatus or approved gas mask should be v to small particle size. Use extinguishing media appropriate for surrounding fire.

FIRST AID: After contact with skin, wash immediately with plenty of water and soap. In case of cc eyes, rinse immediately with plenty of water and seek medical attention.

FURTHER INFORMATION: ---

#### 

## SECTION# 8 - INFORMATION ON TOXICOLOGY

TOXICITY DATA: Data not available

#### \*\*\*\*\*\*\*\*\*\*\*

## SECTION# 9 - INFORMATION ON ECOLOGY

#### WATER POLLUTION HAZARD RATING (WGK): 0

## SECTION# 10 - FURTHER INFORMATION

After the reaction of magnesium peroxide to form oxygen the resulting material, magnesium hydro:

mildly basic. The amounts of magnesium oxide (magnesia) and magnesium hydroxide in the initial have an effect similar to lime, but with lower alkalinity.

The information contained in this document is the best available to the supplier at the time of writin provided without warranty of any kind. Some possible hazards have been determined by analogy to classes of material. The items in this document are subject to change and clarification as more infor becomes available.



## **Cost Effective Passive Treatment**



The use of ORC technology to restore contaminated groundwater, is generally more effective than other alternative technologies. Because standard natural attenuation re considerable time and involves routine monitoring, the cost of using ORC to accelera projects often pays for itself within a year of application, restoring property to marke Treatment with ORC is typically.

- Less than the long term monitoring costs of unassisted natural attenuation sites results in the restoration of property values in a timely manner
- ▲ 1/4 to 1/2 the cost of air sparging with vapor recovery
- ▲ 1/4 the cost of a pump and treat system

Please visit our <u>ORC Technical Bulletin</u> page for further information relating to cost cleanup including case histories.

## **ORC's Time-Release Feature: How it works**



ORC is a proprietary formulation of magnesium peroxide intercalated with food-grac phosphate. This gives it the time-release properties that are critical in a passive, lowoxygen application system. The term "intercalation" is used here to describe the pern of phosphates into the crystal structure of the magnesium peroxide. This placement ( phosphates within the crystalline structure at the molecular level forms pores within crystal which allows for a continued release of the oxygen for a period of up to one y time.

The phosphate intercalation also prevents the "lock up" problem associated with offshelf magnesium and calcium peroxide. Without the phosphate, these commodity ch form a cement-like coating of hydroxides, which inhibits any further hydration and ri oxygen, resulting in a mere two to three weeks of oxygen release.

## World-wide Acceptance of ORC Technology



ORC was first introduced to the environmental remediation market in February 1995 three years of testing and development. It has now been used on over 5,000 soil an groundwater restoration projects in the U.S. and in several foreign countries, in Canada, Japan, Australia, Korea, Denmark, Italy, England, Germany, Holland. Poland.

> [Home][Up][F.A.Q.][Site Sheet][ORC Instructions][Technical Bulletins][ORC MSDS][Applications] Copyright @Regenesis Bioremediation Products. 1996-2001. All Rights Reserved.

> > Registered Trademark of Regenesis Bioremediation Products, Inc.



## ری REGENESIS

About Regenesis What's New! Products Contaminants International Software Seminars Conferences Ordering Library Contact Us Instructions Address Update Links Page

## **ORC<sup>®</sup> FILTER SOCK INSTALLATION INSTRUCTIONS**

ORC Filter Socks are used to enhance bioremediation of petroleum hydrocarbons in groundwater. The filter sock contains ORC and an inert carrier matrix. The socks c one foot sections. They are laced together to span the vertical polluted saturated zon monitoring type wells. Once the socks are laced together and lowered into the wells become hydrated and begin releasing oxygen. The following instructions are vital to installation and subsequent removal of the socks.

## SAFETY PRECAUTIONS

- ORC is completely non-toxic, but is composed of ultra-fine particles.
- Wear dust masks and goggles to prevent soft tissue irritation
- Reference the Material Safety Data Sheet for specific technical and physical information.

## **CONDITION OF SOURCE WELL**

- Test for well deviation and smoothness before ORC installation.
- For the test, use a 5 foot section of pipe with an outside diameter 1/2 inch sma the source well's inside diameter.

## **KEY REQUIREMENTS FOR INSTALLATION**

- **♦** SOCKS MUST BE INSTALLED WITH BLACK GROMMETS ON TOF
- Wrap Socks as independent units (see page 3, figure 5)
- A maximum of 20 ea. 2-inch socks per section.
- A maximum of 8 ea. 4-inch socks per section.
- A maximum of 6 ea. 6-inch socks per section.
- Make sure each sock is properly shaped (cylindrical and without bends) to fac ease of installation and removal.

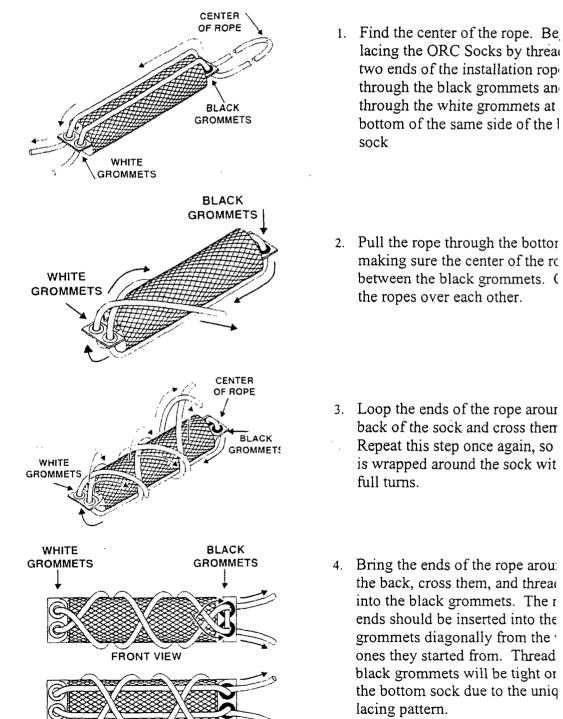
## **HELPFUL HINTS**

- ORC matrix hardens into a cement once hydrated
- Minimize slack between each sock, by periodically pulling up slack while laci
- Tie off ORC retrieval lines to the well cap. Regenesis recommends the use of diameter x 6" long eyebolt.
- The ORC Socks should be wetted to prevent excessive dusting prior to install:
- A Make sure your work area is clean to avoid oil and dirt deposits on the socks.

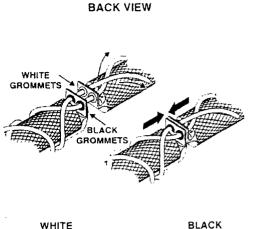
## **ORC REMOVAL**

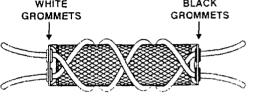
Sock Instructions

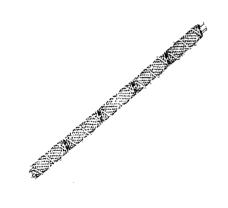
- ORC Socks will be approximately 20% heavier after water saturation
- Static friction from screened casing may cause difficulty in removal
- A winch and stanchion (or comparable equipment) may be necessary to help r the socks due to increased weight, friction, etc.

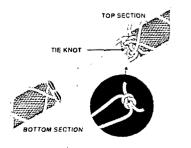


## 4 INCH AND 6 INCH LACING DIAGRAM









- To avoid the ORC Sock slippin each other, the socks must be la with the grommet flaps of the b sock and second sock butting a each other (as shown)
- The remaining socks on the rop section are laced up according t Figure 6. Make sure that the ro turned around the sock two full with the grommets of each sock butting up against the next sock shown in Figure 5.
- Lace each subsequent ORC Sock exactly the same as in Figure 5 and 6.

## **IMPORTANT:**

Do not exceed the maximum number of socks per section (see "Key Requirements D & E" on page 1).

Minimize the slack between the socks

8. If you need to install more ORC Socks than the maximum allowed per well size (see "Key Requirements D & E on page 1), then multiple sections must be installed. Each section is laced exactly the same, but they should be tied off to each other. Tie the end of the rope from the lower section to the bottom sock of the upper section; this allows each section to be





 What's New!

 Products

 Contaminants

 International

 Software

 Seminars

 Conferences

 Ordering

 Library

 Contact Us

 Instructions

 Address Update

 Links Page

## About Regenesis Source Treatment for Groundwater Plume Remediation

ORC may be used directly in the contaminant plume area to treat the body of dissolv phase contamination as well the source of continuing dissolved phase – the sorbed fr which is found clinging to the aquifer matrix by the capillary fringe and sorbed onto below the water table. The purpose here is to induce what is now often referred to as "accelerated natural attenuation". Since aerobic bioremediation is at least 10 to 100 faster than anaerobic bioremediation, the ORC application stimulates much faster contaminant reduction rates when compared to unamended natural attenuation which generally oxygen deficient.

This type of application generally has one of two objectives. The first is to expedite s closure by accelerating the natural attenuation of the entire plume area. However, a often less costly objective is risk reduction. This is where ORC is applied not with th objective of reaching drinking water standards across the entire site, but rather to trea the "hot spot" thereby decreasing the ongoing source of contamination.

For source treatment, ORC may be applied using retrievable filter socks placed in co application wells, or in a water and ORC powder slurry mixture. In slurry form the ( may be back filled or injected into direct-push bore holes, or back filled into augered Specific instructions on each of these delivery methods may be download from our ( Application Instructions page. Using any one of these methods, a saturated zone sou treatment with an ORC slurry targets dissolved phase contamination plus sorbed mat within the saturated, capillary fringe, and smear zones. It is important that the entire distance of these contaminant zones be covered by the ORC for a source treatment.

## **Economics of ORC Source Treatment Applications**

The economics of groundwater source treatment-type applications can be compelling considering alternative active treatment systems or even monitored natural attenuatio accelerating natural attenuation ORC applications can be more cost-effective than alt technologies and can inexpensively restore contaminated properties to market value. Treatment with ORC is typically:

- ♠ 1/4 to 1/2 the cost of air sparging with vapor containment
- equal to or less that the cost of excavation, hauling and disposal of residual hydrocarbons from the floor of the UST excavation
- less that long-term monitoring costs of unassisted natural attenuation sites
- ▲ 1/4 the cost of a pump and treat system

## Compared with Air Sparging plus Vapor Containment

An ORC application is typically much more cost effective that air sparging with vap containment. The following includes a summary of costs comparing ORC to air span

| systems  | 0.10 | 1/010000   | 01100×1 |
|----------|------|------------|---------|
| SVSIEIUS | 1111 | VALIDHIS   | SHES !  |
| 0,000110 | UII. | , at to ab | 01000 . |
|          |      |            |         |

| Site       | AS/SVE    | ORC      | Savings   | % Savings |
|------------|-----------|----------|-----------|-----------|
| Oklahoma   | \$158,000 | \$46,000 | \$112,000 | 70%       |
| California | 180,000   | 80,000   | 100,000   | 55%       |
| Alabama    | 99,000    | 26,000   | 73,000    | 74%       |

\*all values were derived by the sites' consultants. The costs are full system costs with the objective of site closures.

## Compared with Natural Attenuation (Monitoring Only)

ORC treatments, if properly applied, can result in site closure in as little as one year. This can also be effective than only monitoring the site and relying on unassisted natural attenuation. Applying ORC property to market value and avoid long term monitoring costs as well as potential future liability\*:

| Site     | Monitor Only | ORC      | Savings | % Savings |
|----------|--------------|----------|---------|-----------|
| Oklahoma | \$54,000     | \$46,000 | \$8,000 | 15%       |
| Alabama  | 54,000       | 26,000   | 28,000  | 52%       |

\*All values were derived independently by the sites' consultants.

## Technical Bulletin Index||Regenesis Home Page

. .

## Page 1 of 2

## ORC TECHNICAL BULLETIN # 1.3.4

# Oxygen Release Compound, ORC®

## **Basic Theory on the Disposition of Compounds**

## **Basic Chemistry**

Oxygen Release Compound (ORC $\mathfrak{D}$ ), is a proprietary formulation of magnesium peroxide. ORC is "oxygenated magnesia" which gives up the oxygen upon contact with water. Magnesium peroxide is converted to magnesium hydroxide (Mg(OH)2) as oxygen is released. This also is the fate of the magnesium oxide which simply hydrates to form the hydroxide. The reactions are:

MgO<sub>2</sub> + H<sub>2</sub>O  $\rightarrow$  1/2 O<sub>2</sub> + Mg(OH)<sub>2</sub>; and

 $MgO + H2O \rightarrow Mg(OH)_2$ 

Therefore, the uniform endpoint of ORC, from both compounds, is magnesium hydroxide. The safety of this material is easily conveyed by the fact that a suspension of magnesium hydroxide in water is ordinary Milk of Magnesia.

## Free Magnesium

Levels of free magnesium coming from ORC or magnesium hydroxide are not a problem. Both magnesium peroxide and magnesium hydroxide are virtually insoluble ( $K_{sp} = 1.8 \times 10{-}11$ ). Additionally, because ORC is contained in a filter sock, the magnesium is contained and removable. Small particles of a few microns in diameter could leave the sock and be carried a limited distance in the sub-surface, before becoming part of the soil matrix. The compounds are simple minerals. Microorganisms can metabolize these compounds using their internal organic acids to solubilize them.

## **Free Phosphate**

ORC contains up to three percent of food grade potassium phosphate. The phosphate is specifically KH2PO4, also known as monopotassium phosphate or MKP and/or K2HPO4, which is dipotassium phosphate or DKP. The concentration cited is intimately bound to the crystalline structure of magnesium peroxide. Some may eventually be released since the potassium phosphates are water soluble.

Even though a portion will remain with the spent product, to be conservative we may assume it will all be released. If this is the case one has to evaluate the total volume of water that will solubilize the extant phosphate, in order to derive a concentration that could permeate the aquifer. It can be easily shown that the amounts fall below 1 ppm in the immediate vicinity of the source well.

Qualitatively, several points should be made with respect to the benign nature of the phosphates in question. First, they are ingestible and harmless; they are used as meat moisturizers and in baby food. Regenesis uses a food-grade product for the extra purity. It is not imperative that it be food-grade pure to be safe - as the lesser grades are sold as fertilizer. Furthermore, the phosphates are invariably going to be metabolized by any of the sub-surface microorganisms, aerobic or anaerobic, as it is a basic nutrient that is essential to life. Its ultimate fate in living organisms, from microbes to mammals, is that it will become part of the ubiquitous array of biochemicals that contain phosphate.

#### however, an irritant.

Contact with skin should be avoided, but is of less concern - it may cause some dryness and mild irritation. The fine nature of the dust, independent of its chemical makeup, is enough to warrant respiratory protection. Full face protection is recommended to avoid both breathing the material and contacting it with the eyes. Separate goggles and mask are an alternative. Gloves should be worn.

These precautions are more important with regard to the use of pure ORC in soil applications than with the ORC filter socks that are almost dust free. Wetting the filter socks down while in the bucket and before removal and insertion into the wells or trenches is a good precaution to take.

Technical Bulletin Index Regenesis Home Page

## ORC TECHNICAL BULLETIN # 1.3.1

# Oxygen Release Compound, ORCª

# **Environmentally Safe**

With reference to the safety of contacting ORC with ground water the following review is provided. Regenesis welcomes any further inquiries.

Definition of ORC and its Components:

ORC is a proprietary formulation of magnesium peroxide (MgO2), which is the active agent. The product contains both magnesium oxide (magnesia, MgO) and magnesium peroxide. A few percent of food grade potassium phosphate (KH2PO4 or K2HPO4) is also present.

## Behavior of ORC in Contact with Water:

ORC is designed to release oxygen when wet. Essentially ORC is "oxygenated magnesia" and it gives up the oxygen upon contact with water. The spent magnesium peroxide is converted to magnesium hydroxide (Mg(OH)2). This also is the fate of the magnesium oxide which simply hydrates to form the hydroxide:

 $MgO + H2O \rightarrow Mg(OH)2.$ 

Therefore, the uniform endpoint of ORC, from both directions, is magnesium hydroxide. The safety of this material is easily conveyed by mention of the fact that a suspension of magnesium hydroxide in water is ordinary Milk of Magnesia. The levels of phosphates from the product are low and they are the same materials that are used to support microbial growth for bioremediation.

## Other Features:

All of the magnesium products discussed are virtually totally insoluble.

The ORC can be used in pure form or mixed with an inert carrier matrix and contained in a filter sock that is removable from the source well at will.

Magnesium oxide, peroxide and hydroxide are all safe to ingest in small quantities. Magnesium oxide is sold as a magnesium supplement for cattle and is used as a fertilizer material. Magnesium peroxide and magnesium hydroxide are also safe to ingest as they are both used as anti-acids. ORC is used in retail horticultural products, such as Oxygen Plus fertilizer, which is now produced by Ringer Corporation. These products are sold in all fifty states, where they have met Department of Agriculture fertilizer registration requirements and safety criteria for entering the environment and the food chain.

Magnesium peroxide has been used in dentifrices and other dental products.

As with all chemicals safe handling practices should be used to avoid any excess exposure to skin and eyes.

A full MSDS is provided with the product. The following statement is useful as a convenient summary of the key issues covered in the MSDS:

ORC is the trade name for a form of magnesium peroxide. It is important to avoid contact with skin and eyes and to avoid breathing the dust. The material is not toxic, in fact, it is listed in certain handbooks as an anti-acid for the stomach. It is

Sock Instructions

installed and removed independently (see well diagram)

Well Diagra

## Ó 2" SOCK BLACK CENTER GROMMET OF ROPE WHITE GROMMET Ó 2" SOCK BLACK CENTER GROMMET OF ROPE WHITE GROMMET 5 Ť. WHITE GROMMET BLACK GROMMET

## 2 INCH LACING DIAGRAM

- 9. Find the center of the rope. Be lacing the ORC Socks by threat one end of the installation rope through the white grommet, me that the center of the rope is pu through to the center of the whi grommet on the bottom sock.
- 10. Wrap each end of the installatic around the sock twice and then them through the black gromm
- 11. Lace each subsequent sock usir same method ad describe in Fig above.

## IMPORTANT:

- Do not exceed the maximum nu socks per section (see "Key requirements B" on Page 1)
- Minimize the slack between soc



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary March 2, 2001

Lori Wrotenbery Director Oil Conservation Division

## CERTIFIED MAIL RETURN RECEIPT NO. 3771 7132

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Revised Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) is in receipt of Rice Operating Company's (ROC) Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site dated December 13, 2000. The OCD considers this proposal to be a significant modification of the previously approved Stage 2 abatement plan. In order for the plan to be administratively complete OCD requires the following information to be submitted by April 2, 2001:

- 1. Provide a copy of the public notice for OCD pre-approval as required in 19 NMAC 15.A.19E.4.b.vii.
- 2. Provide a plot plan map depicting the location of all recovery and monitor wells. Describe how all wells will be designed and completed.
- 3. Provide a cross-section view showing the location of all liner(s). Provide information concerning the design, construction, and hydrogeologic properties, etc. Also provide a plan describing how the liner(s) will be protected in the foreseeable future.
- 4. Provide information pertaining to the socks that will release oxygen compounds.
- 5. The plan does not provide sufficient information pertaining to what levels of metals and general chemistry contaminants that will be placed back in the hole. Please provide.

## Carolyn Doran Haynes 03/02/01 page 2

- 6. The plan does not provide delineation levels for metals or general chemistry. Please provide.
- 7. Please propose another location for the up-gradient monitor well that is outside of any disturbed area.

If you have any questions please do not hesitate to contact me at 505-476-3487.

Sincerely;

Wayne Price-Pet. Engr. Spec.

Cc; OCD Hobbs District Branch Law Firm-James P. Lyle Bill McNeill-landowner Arcadis Geraghty & Miller- Sharon Hall



# NEW MEXICO ENERGY, MONERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary Lori Wrotenbery Director Oil Conservation Division

March 1, 2001

#### <u>CERTIFIED MAIL</u> RETURN RECEIPT NO. 3771 7125

Mr. James P. Lyle Branch Law Firm 2025 Rio Grande Boulevard, NW Albuquerque, New Mexico 87104

#### RE: REVISED STAGE 2 ABATEMENT PLAN PROPOSAL Junction I-9 RICE OPERATING COMPANY GROUND WATER ABATEMENT PLAN (AP-008)

Dear Mr. Lyle:

The Oil Conservation Division (OCD) received the Branch Law Firm's November 14, 2000 letter titled "Stage 2 Abatement plan Proposal-Junction I-9 Release Site- Response To Rice Request for Extension of Completion of Remediation Activities At Site". This correspondence requests that a hearing be set on this matter and provide notification.

The OCD has included your name as an intervenor in this case and you will receive copies of all OCD correspondence concerning the abatement plan. The OCD will continue to process the abatement plan and comments received until the plan is determined to be administratively approvable or denied. If the abatement plan is administratively denied, the applicant will be notified and it will be its responsibility to request a hearing appealing the denial. If the abatement plan is determined to be administratively approvable, the OCD will notify the applicant and all intervenors of the conditions under which the plan would be approved. All intervenors will be allowed fifteen (15) days from receipt of the determination to submit final comments on the conditions or request a public hearing in lieu of administrative approval. A request for a public hearing must be in writing and must include the reasons why a hearing should be held.

Mr. James P. Lyle 03/01/01 Page 2

The OCD appreciates your input on all environmental and public health issues relating to the abatement plan.

If you have any questions or comments, please do not hesitate to contact me at (505) 476-3490 or Wayne Price of my staff at (505) 476-3487.

Sincerely:

Roger C. Anderson, Chief Environmental Bureau

xc: Chris Williams, OCD Hobbs District Supervisor Carolyn Doran Haynes-Rice Operating Company



# NEW DEXICO ENERGY, MDERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary Lori Wrotenbery Director Oil Conservation Division

# Memorandum of Meeting or Conversation

Telephone \_\_\_\_\_ Personal \_\_X\_\_\_\_ E-Mail \_\_\_\_\_

 Time:
 9am

 Date:
 2/12/01

OCD Party: Wayne Price, Bill Olson, Roger Anderson

Other Parties: Sharon Hall- Arcadis Geraghty & Miller

Subject: Rice I-9 AP-008

**Discussion:** 

Revised Stage 2 Abatement Plan Dated Dec 13, 2000

**Conclusions or Agreements:** 

OCD will send lefter requesting additional information discussed during this meeting.

Signed CC:

| FIFTH JUDICIAL DISTRICT COURT<br>COUNTY OF LEA<br>STATE OF NEW MEXICO |                    |
|-----------------------------------------------------------------------|--------------------|
| WILLIAM F. McNEILL, MARILYN                                           | )                  |
| CATES, AND THE BLACK TRUST,                                           | )                  |
|                                                                       | )                  |
| Plaintiffs,                                                           | )                  |
|                                                                       | )                  |
| vs.                                                                   | ) No. CV-98-00410C |
|                                                                       | )                  |
| RICE ENGINEERING AND OPERATING,                                       | )                  |
| INC.; RICE ENGINEERING, INC.;                                         | )                  |
| RICE OPERATING COMPANY; AND                                           | )                  |
| HOBBS SALT WATER DISPOSAL SYSTEM, et al,                              | )                  |
|                                                                       | )                  |
| Defendants.                                                           | )                  |
|                                                                       | 1                  |

#### SUBPOENA DUCES TECUM FOR TRIAL

TO: Mr. Wayne Price New Mexico Oil Conservation Division 1220 South St. Francis Drive Santa Fe, NM 87501 Telephone: (505) 476-3487

YOU ARE HEREBY COMMANDED to be and appear at the District Court of Lea

County, at the Lea County Courthouse, 100 North Main, Lovington, New Mexico before the

Honorable Gary Clingman, District Judge, on the 22<sup>nd</sup> day of January, 2001 at 8:30 a.m.

to give your testimony in the above-styled and numbered cause on behalf of Defendant,

Rice Operating Company.

On the date and time of trial, you are further commanded to bring with you and

produce the following, to wit:

All of your files which have been developed for purposes of the I-9 Junction Release Site, Hobbs Salt Water Disposal System, involving Rice Operating Company and the McNeill Ranch.

AND THIS DO YE UNDER PENALTY OF LAW.

IN WITNESS WHEREOF, I have hereunto set my hand this  $\frac{10^{44}}{2000}$  day of January, 2001.

# McCORMICK, CARAWAY, TABOR & MADRID

M ( La By: 6th

John M. Caraway P.O. Box 1718 Carlsbad, New Mexico 88220 Telephone: (505) 885-4171 Attorney for Defendant Rice Operating Company, et al STATE OF NEW MEXICO

COUNTY OF SANTA FE

#### **RETURN OF SERVICE**

I, being duly sworn on oath, state that I am over the age of 18 years and am not a party to this lawsuit. That I served this Subpoena, together with a check for attendance fee in the sum of \$75.00, in Santa Fe County, New Mexico on the \_\_\_\_\_ day of

\_\_\_\_\_

\_\_\_\_\_, 2001:

) : ss.

)

(Give details of date, time, place, and personal service of this subpoena upon the witness.)

Signature of private person making service

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_\_

My Commission Expires:

Notary Public

C:\MyFiles\General\Rice\_Operating\_Company\Subpoena for Trial\_Wayne Price.wpd

3



# NEW MLXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary Lori Wrotenbery Director Oil Conservation Division

February 7, 2001

#### **<u>CERTIFIED MAIL</u> RETURN RECEIPT NO: 5051-4072**

Mr. Glen Waldrop EOTT Energy Pipeline Limited Partnership P.O. Box 1660 Midland, Texas 79702

#### RE: STAGE 1 GROUND WATER ABATEMENT PLAN (AP-7) DARR ANGELL RANCH

Dear Mr. Waldrop:

The New Mexico Oil Conservation Division (OCD) has reviewed EOTT Energy Pipeline Limited Partnership's (EOTT) November 1, 2000 "DARR ANGELL RANCH STAGE 1 GROUNDWATER ABATEMENT PLAN (AP-7)" which was submitted on behalf of EOTT by their consultant Environmental Technology Group, Inc. This document contains EOTT's response to the OCD's October 5, 2000 request for additional information on EOTT's Stage 1 investigation of the extent of soil and ground water contamination resulting from a crude oil spill at EOTT's Darr Angell Ranch leak site.

The Stage 1 investigation actions are still deficient because the eastern limits of the dissolved phase contamination of ground water have not been completely defined. The ground water benzene concentration in monitor well MW-13 is 200 times the New Mexico Water Quality Control Commission (WQCC) standard and the downgradient limit of this contamination has not been defined. The OCD understands that there are other potential contaminant sources downgradient of MW-13. However, that does not relieve EOTT of responsibility for defining the extent of contamination related to their activities. Therefore, the OCD requires that EOTT submit a work plan to completely define the downgradient extent of ground water contamination which is in excess of the standards of OCD Rule 19.B. Please submit the work plan to the OCD Santa Fe Office by March 7, 2001 with a copy provided to the OCD Hobbs District Office.

بوزر

If you have any questions or comments, please contact Bill Olson at (505) 476-3491 .

Sincerely,

وزر

09

Roger C. Anderson Environmental Bureau Chief

xc: Chris Williams, OCD Hobbs District Office Beth Aldrich, Environmental Technology Group, Inc.

# ARCADIS GERAGHTY& MILLER

#### **Revised Stage 2 Abatement Plan Proposal, Junction 1-9 Release Site**

Rice Operating Company Hobbs, New Mexico

Prepared for: Rice Operating Company

Prepared by: ARCADIS Geraghty & Miller Inc 1030 Andrews Hwy.; Suite 120 Midland TX 79701 Tel 915 699 1381 Fax 915 699 1978

Our Ref.: MT000643.0001

Date: 13 December 2000

This document is intended only for the use of the individual or entity for which it was prepared and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Any dissemination, distribution, or copying of this document is strictly prohibited. **ARCADIS** GERAGHTY& MILLER

Revised Stage 2 Abatement Plan Proposal, Junction 1-9 Release Site

December 13, 2000

Prepared by ARCADIS GERAGHTY & MILLER, INC.

Sharm E. Hall

Sharon Hall Project Manager

Steven P. Tischer Remediation Business Practice Manager

ARCADIS GERAGHTY&MILLER

## Table of Contents

i

| 1. | INTRODUCTION                            |                                                                            |   |
|----|-----------------------------------------|----------------------------------------------------------------------------|---|
| 2. | SUMMARY OF STAGE 1 ABATEMENT ACTIVITIES |                                                                            |   |
| 3. | REV                                     | SED STAGE 2 ABATEMENT PLAN PROPOSAL                                        | 1 |
|    | 3.1                                     | Soil Remediation: December, 2000 Amended Proposal                          | 2 |
|    | 3.2                                     | Groundwater Remediation and Monitoring: December, 2000<br>Amended Proposal | 3 |
| 4. | HEA                                     | LTH AND SAFETY                                                             | 4 |
| 5. | PUB                                     | LIC NOTIFICATION                                                           | 5 |
| 6. | REMEDIATION WORK SCHEDULE               |                                                                            |   |
| 7. | REF                                     | ERENCES                                                                    | 5 |

## Figures

1. Extent and Depth of Excavation

ARCADIS GERAGHTY& MILLER

#### 1. INTRODUCTION

The subject site is a former pipeline connection point on the Rice Operating Company Hobbs Salt Water Disposal System. The pipeline transports produced water from oil and gas leases to a permitted well for disposal by subsurface injection. The site is located in southwest Hobbs, New Mexico approximately 0.6 miles south of the intersection of Grimes Street and Stanolind Road (NE ¼ of the NE ¼ of Section 4, T19S-R38E, Lea County).

## 2. SUMMARY OF STAGE 1 ABATEMENT ACTIVITIES

Stage 1 Abatement activities as approved by the New Mexico Oil Conservation Division (NMOCD) were conducted during the period of June 1998 through September 1999.

A pipeline leak was discovered and repaired at the subject site on June 5, 1998. Notification of an unauthorized release was submitted to the NMOCD District I Office located in Hobbs, New Mexico. A Stage I Abatement Plan was submitted to NMOCD on January 19, 1999. Interim abatement site activities including assessment of impacts to soil and groundwater and excavation of impacted soil were conducted from August 24, 1998 to September 2, 1999. Recovery of phase-separated hydrocarbons from groundwater has been conducted from January 18 to May 7, 1999. A total of four monitor wells, one recovery well and nine boreholes were installed at the subject site.

A detailed description of site activities and results can be found in the report submitted to NMOCD dated September 10, 1999 entitled *Junction I-9 Release Site, Stage 1 Abatement Report (Site Assessment Investigation).* 

NMOCD approved the Stage 1 site investigation report on November 15, 1999.

## 3. REVISED STAGE 2 ABATEMENT PLAN PROPOSAL

The Stage 2 Abatement Plan Proposal submitted to NMOCD March 31, 2000 was approved by NMOCD on May 30, 2000. On October 26, 2000, ARCADIS Geraghty and Miller, on behalf of Rice Operating Company, submitted a letter of clarification of the Stage 2 Abatement Plan Proposal to NMOCD. The letter provided clarification concerning the definition of clean soil as proposed in the Stage 2 Abatement Plan Proposal, and requested modification of the original work plan by using blended Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

Rice Operating Company Hobbs, New Mexico

1

#### **ARCADIS** GERAGHTY&MILLER

excavated soil as backfill, and an extension for submission of the remediation results. The letter further proposed the installation of a liner.

Following review of the October 26, 2000 clarification letter, NMOCD requested that Rice Operating submit a detailed workplan describing proposed modifications to the Stage 2 Abatement Plan proposal. As a result, Rice Operating Company (ROC) requests approval to amend the Stage 2 Abatement Plan Proposal, Junction I-9 Release Site for remediating the site.

The proposed amendments involve Section 3 of the Stage 2 Abatement Plan Proposal: Subsections 3.1 Soil Remediation and 3.2 Groundwater Remediation and Monitoring. The proposed amendments are as follows:

#### 3.1 Soil Remediation: December, 2000 Amended Proposal

The selected remedial option will be the excavation of soils, blending of impacted soils with clean overburden, isolation of contaminants with compacted clay layers to prevent/inhibit any downward migration of moisture or contaminants, and natural attenuation and biodegradation of hydrocarbons remaining in place.

The excavation activities at the Junction I-9 Release Site have identified impacted soils extending horizontally and vertically more than the Stage I Assessment predicted. The current extent of the excavation is shown in Figure 1. The extent of sub-surface soil impacts will be further delineated with excavation activities.

Soil excavation will continue until no visible staining of soils and no photo ionization detector readings are observed. Excavation activities will be continued in the area where hydrocarbons were detected on the groundwater until the soil associated with the phase-separated hydrocarbons (PSH) is removed. Soil in this area will be excavated to 30-32' below ground surface (BGS.) When groundwater is encountered, excavation will be discontinued just below the depth where groundwater is encountered in order to maintain safe and practical excavation of soils. PSH will be recovered with absorbent material where possible. Remaining soils at the groundwater/soil interface will be treated with naturally occurring hydrocarbon degrading organisms and nutrients to promote biodegradation.

#### Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

Rice Operating Company Hobbs, New Mexico **ARCADIS** GERAGHTY& MILLER

A 12-15" compacted clay layer will be installed according to NMOCD clay layer specifications (meet or exceed 95% of a Proctor Test ASTM-D-698 and permeability equal to or less than 1 x  $10^{-7}$  cm/sec) over the area excavated to the groundwater interface in order to inhibit downward migration of constituents and to protect the groundwater interface that was exposed. When the most deeply excavated area has been backfilled to the ground level of the overall area-wide excavation, an additional compacted clay layer will be installed (to NMOCD specifications) at the base of the entire excavation in order to inhibit downward migration of potential constituents in unexcavated soils remaining below the compacted clay layer.

Approximately 11,000 loose cubic yards of impacted soil has been already disposed at an NMOCD-approved facility. All remaining excavated soils (predicted to be 4,000-5,000 loose cubic yards) will be blended with overburden/replacement soils (approximately 40,000 loose cubic yards) and returned to the excavation as backfill. Total petroleum hydrocarbon (TPH) and benzene, toluene, ethylbenzene and xylenes (BTEX) concentrations will be verified by laboratory analysis for each 3' thick backfill lift. TPH and BTEX concentrations of blended soils used for backfill material will not exceed NMOCD standards concentrations of 100 milligrams per kilogram (mg/kg) TPH, 10 mg/kg benzene and 50 mg/kg BTEX.

Five-point composite samples will be collected from the floor of each level of excavation and from each wall of the excavation. The samples will be analyzed for TPH, and BTEX using USEPA Methods 8015 and 8260, respectively. The composite samples will also be analyzed for General Chemistry and WQCC metals.

# 3.2 Groundwater Remediation and Monitoring: December, 2000 Amended Proposal

Recovery well, RW1, will be replaced since the excavation activity resulted in removal of the well. RW1R will be the designated name of the replacement recovery well.

Free product will be removed weekly from recovery well RW1R. Either the well will be bailed or pumped to remove product, or a downhole passive hydrocarbon skimmer will be installed. Product level, groundwater level,

#### Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

Rice Operating Company Hobbs, New Mexico

3

**ARCADIS** GERAGHTY&MILLER

product thickness, and recovered fluid volumes will be recorded weekly and submitted to the NMOCD annually on June 15 in table form. Recovered fluids will be placed in the Hobbs SWD System pipeline.

Two additional monitor wells will be drilled. One monitor well will be located down gradient from existing monitor well MW-2 and will be completed in a manner consistent with previously approved wells. The second monitor well will be located down gradient of the source area and will be used to monitor possible water contamination caused by density gradient effects. The completion method and location of the monitor wells will be approved by NMOCD prior to installation. The monitor wells that will be drilled at this site will be drilled in locations that are currently excavated. The monitor wells and replacement well RW1R will be installed following the completion of excavation and backfilling activities.

Socks containing oxygen release compounds will be placed in monitor wells MW-1 and MW-2 to promote natural biodegradation of hydrocarbons in the groundwater.

All monitor wells will be sampled quarterly for four quarters and groundwater samples will be analyzed for BTEX, General Chemistry and WQCC metals. Based on sample results for one year (four quarters), sampling frequency will be reviewed and may be revised.

Sampling will be discontinued when eight quarters of sample results indicate BTEX concentration are below New Mexico Water Quality Control Commission, Title 20, Chapter 6, Part 2 standards. Sample results will be submitted to the NMOCD annually on June 15. Recovered fluids will be placed in the Hobbs SWD System pipeline.

Sections 1, 2, 4, 5, 6 and 7 of the original Stage 2 Plan remain as previously submitted.

#### 4. HEALTH AND SAFETY

All site activities will be performed in accordance with Occupational Safety and Health Administration (OSHA) standards. All on-site personnel will be required to wear a hardhat, safety glasses and steel-toe shoes during work activities. A daily tailgate safety meeting will be performed and a safety meeting record will be signed by all attendees and kept on file. Emergency phone numbers are as follows: Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

4

Rice Operating Company Hobbs, New Mexico

#### **ARCADIS** GERAGHTY& MILLER

#### Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

| Carolyn Haynes          | Rice Operating Company | 505 393-9174 |
|-------------------------|------------------------|--------------|
| Police, Fire, Ambulance |                        | 911          |
| Columbia Lea Reg        | gional Medical Center  | 505 392-9212 |

#### Rice Operating Company Hobbs, New Mexico

#### 5. PUBLIC NOTIFICATION

Written notification of submittal of the Stage 2 Abatement Plan Proposal and site activities will be sent to all surface owners of record within a one-mile radius of the site. NMOCD will be supplied with a list of parties to be notified. Publication of notice of activities will be published in a state-wide circulated newspaper, the Albuquerque Journal, and two county newspapers, the Hobbs-Daily News Sun and the Lovington Leader.

#### 6. REMEDIATION WORK SCHEDULE

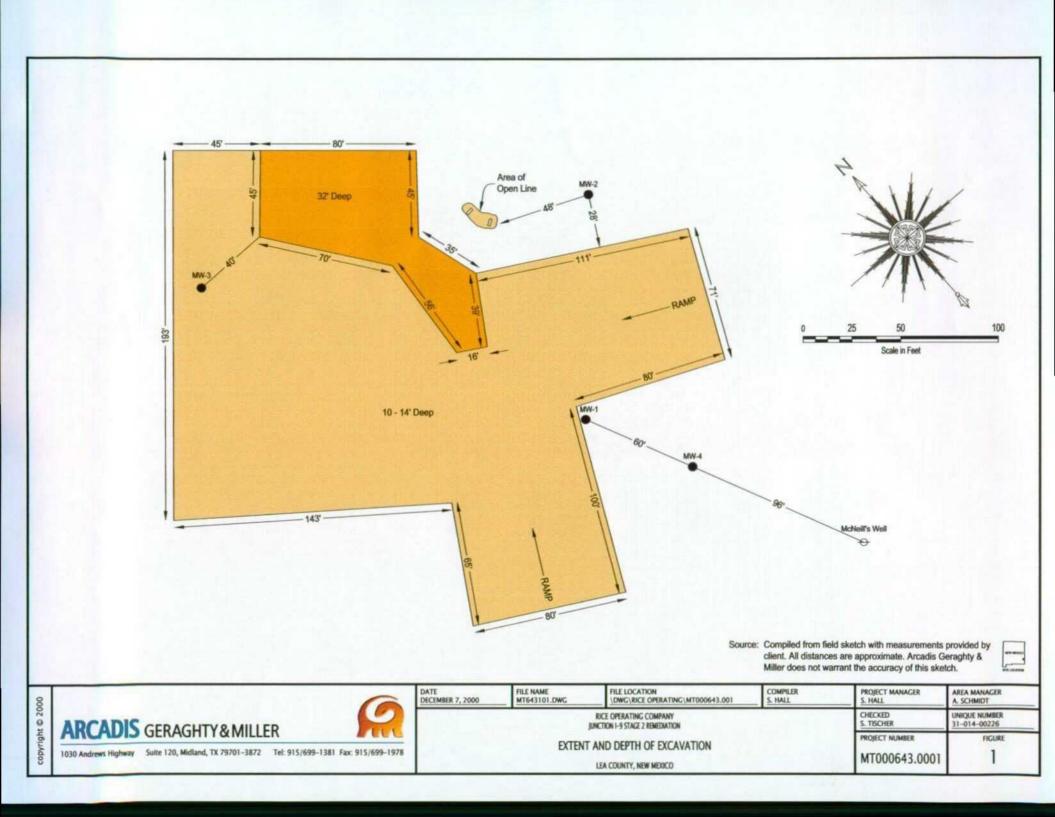
Soil remediation activities are expected to be completed in 15 working days (Monday through Friday). Groundwater remediation activities will be ongoing. An estimated completion date for groundwater remediation is not available.

#### 7. **REFERENCES**

- Groundwater Handbook; United States Environmental Protection Agency, Office of Research and Development, Center for Environmental Research Information; 1992
- Junction I-9 Release Site, Stage 1 Abatement Report (Site Assessment Investigation); ARCADIS Geraghty & Miller; September 10, 1999
- Stage 2 Abatement Plan Proposal, Junction I-9 Release Site; ARCADIS Geraghty & Miller; January 5, 2000

New Mexico Water Quality Control Commission, Title 20 Chapter 6, Part 2, Subpart I

5



6/5/98 Rice submits C-141 to District office 10/22/98 Rice Notifies OCD of groundwater contamination 11/20/98 OCD requires Abatement plan OCD approves emergency abatement measures 12/17/98 1/19/99 Rice submits Stage I abatement plan 3/25/99 OCD administratively approves stage I and request public notice be issued. OCD approves Stage I abatement plan 5/24/99 Rice submits results for stage I 7/21/99 8/10/99 OCD requires additional investigation including checking for chlorides 9/14/99 Rice submits stage I results OCD requires Stage II Clean-up plan 11/15/99 Rice submits stage II plan 1/10/00 3/10/00 OCD administratively approves stage II and requires public notice 5/30/00 OCD approves Stage II remediation plan requiring additional soil and SIASE Proque reger due on guly 31, 2000 groundwater sampling. OCD sends E-Mail requiring Rice to Perform and requiring a new 8/1/00 deadline of October 31, 2000. 9/11/00 Rice E-mails progress report 9/19/00 OCD inspects site 10/30/00 Rice requests clarification on clean-up levels and requests extension for Dec 31, 2000. 11/14/00 McNeill attorney requests a hearing concerning clarification letter.

Rice I-9 Abatement Process AP-8 Chronology

# ARCADIS GERAGHTY& MILLER CONSERVATION DN.

CO DEC 13 PMII: 36

Roger C. Anderson New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505

Subject: Revised Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

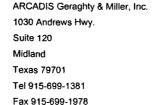
Dear Mr. Anderson:

On behalf of Rice Operating Company, ARCADIS Geraghty and Miller respectfully submits this Revised Stage 2 Abatement Plan Proposal for the Junction I-9 Release Site located in Hobbs, New Mexico.

The Stage 2 Abatement Plan Proposal submitted to NMOCD March 31, 2000 was approved by NMOCD on May 30, 2000. On October 26, 2000, ARCADIS Geraghty and Miller, on behalf of Rice Operating Company, submitted a letter of clarification of the Stage 2 Abatement Plan Proposal to NMOCD. The letter provided clarification concerning the definition of clean soil as proposed in the Stage 2 Abatement Plan Proposal, and requested modification of the original work plan by using blended excavated soil as backfill, and an extension for submission of the remediation results. The letter further proposed the installation of a liner.

Following review of the October 26, 2000 clarification letter, NMOCD requested that Rice Operating submit a detailed workplan describing proposed modifications to the Stage 2 Abatement Plan proposal. Attached is the proposed revised workplan.

In the October 26, 2000 clarification letter ARCADIS Geraghty and Miller requested an extension to the deadline of October 31, 2000 to complete remediation activities. Remediation activities at the site have been suspended pending NMOCD approval of the revised workplan and access to the site by the landowner. We request that the deadline for completion of remediation activities be identified following approval of the workplan. We also again request that the October 31, 2000 deadline for



Environmental

Midland, Texas, 13 December 2000

Contact: Sharon E. Hall

Extension: 915 699-1381



## **ARCADIS** GERAGHTY& MILLER

submission of remediation results be extended to a date to be identified following approval of the workplan. A letter describing the status of the remediation activities will be submitted to you at your request.

Very Truly Yours,

ARCADIS Geraghty & Miller, Inc.

Sham E. Haef

Sharon E. Hall Project Manager

Copies:

Carolyn Haynes, Rice Operating Company F. McCallum (2, includes copy for Mr. Bill McNeill's legal representative) Chris Williams, NMOCD Hobbs Office



# NEW MEXICO ENERGY, MANERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary November 30, 2000

Lori Wrotenbery Director Oil Conservation Division

#### <u>CERTIFIED MAIL</u> RETURN RECEIPT NO. 5051 48<u>36</u>

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Clarification of Stage 2 Abatement Plan Proposal (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) is in receipt of Rice Operating Company's letter dated October 26, 2000 requesting clarification concerning the definition of what constitutes "clean soil" and a request to modify the original work plan by using blended contaminated soil as backfill in lieu of hauling in clean soil as previously proposed, installing a liner to impede leachate from reaching groundwater and requesting an extension for submission of the remediation results.

The OCD understands the size of the excavated area has become considerably larger than previously anticipated. After reviewing your request the OCD has determined the changes requested would constitute a significant modification to the original plan.

Please submit for OCD approval by December 29, 2000 a detailed work plan describing the proposed plan.

Sincerely,

Roger Ć. Anderson Environmental Bureau Chief RCA/lwp

xc: OCD Hobbs Office Bill McNeill-landowner TRENCHARD & HOSKINS, L.L.P.

ATTORNEYS AT LAW 608 East Austin P.O. Box 799 Kermit, Texas 79745 Telephone: (915) 586-6676 Fax: (915) 586-9241

Address reply to Kermit Office

November 17, 2000

ROSWELL OFFICE 306 N. Lea Roswell, New Mexico 88201 Telephone: (505) 622-7774 Fax: (505) 622-4705

1.2.12

NOV 2 0 2000

n in the state of the state of

Franklin H. McCallum Attorney at Law 112 Loraine South, Suite 500 Midland, Texas 79701

> Re: No. CV-98-000410C; William F. McNeill et al v. Rice Engineering et al; William F. McNeill, Marilyn Cates, and the Black Trust vs. Altura Energy Ltd.- Cause No. CV-2000-31-RWG; McNeill v. Phillips

Dear Mr. McCallum:

Please find enclosed a copy of Sharon E. Hall's October 26, 2000 letter to Wayne Price of the OCD. I note that she sent you two copies, one of which was to be forwarded to me. Fortunately, Mr. McNeill found out about this in talking to Mr. Price. Why did you not send me a copy of this?

Again, your client does not have permission to enact this proposal which does not come close to meeting the terms of our requirement. Your client will be trespassing if they attempt to perform any type of work other than that work previously agreed upon.

Very truly yours,

Robert Trenchard, Jr.

RCT/kq

ROBERT TRENCHARD, JR \* ROYCE E HOSKINS

\* BOARD CERTIFIED PERSONAL INJURY TRIAL LAW TEXAS BOARD OF LEGAL SPECIALIZATION

à church a c

cc: Mr. Wayne Price State of New Mexico Energy and Minerals Department Oil Conservation Division 2040 S. Pacheco Santa Fe, New Mexico 87505

Rod M. Schumacher, Esq. Atwood, Malone, Turner & Sabin, P. A. P. O. Drawer 700 Roswell, NM 88202

William F. McNeill P. O. Box 1058 Hobbs, New Mexico 88241

Mr. Chris Williams Oil Conservation Division 1000 W. Broadway St. Hobbs, New Mexico 88240

James Lyle Branch Law Firm 2025 Rio Grande Blvd. NW Albuquerque, NM 87104-2525 TURNER W BRANCH Admitted to practice in New Mexico, Texas Colorado and the District of Columbia MARGARET MOSES BRANCH DANIEL R. SWISS REBECCA C. BRANCH JAMES P. LYLE CLYDE DEMERSSEMAN Also admitted to practice in Colorado SHARI D. THIEMAN ROBERT DON LOHBECK Also admitted to practice in California L. HELEN BENNETT CAROL S. HELMS Also admitted to practice in Casas



#### ATTORNEYS AND COUNSELORS AT LAW

"In the Historic Rio Grande Corridor" 2025 Rio Grande Boulevard, NW Albuquerque, New Mexico 87104

November 14, 2000

Telephone (505) 243-3500 Fax (505)243-3534 www.branchlawfirm.com e mail:reception(# branchlawfirm.com

NOV 15 2000

New Mexico Toll Free 1-800-562-3456

Nationwide Toll Free 1-800-828-4LAW

ARTHUR M. SOLON (1949-2000)

Of Counsel HARRY STOWERS, Jr. Former Chief Justice, New Mexico Supreme Court

Mr. Wayne Price State of New Mexico Energy and Minerals Department Oil Conservation Division 2040 S. Pacheco Santa Fe, New Mexico 87505

#### RE: Stage 2 Abatement Plan Proposal - Junction I-9 Release Site - Response To Rice Request for Extension of Completion of Remediation Activities At Site

Dear Mr. Price:

Thank you for providing me with a copy of the letter you received from Arcadis, Geraghty & Miller dated October 26, 2000 in regard to the above matter. This is to notify you that the landowner, Bill McNeill, hereby requests that a hearing be set on this matter at the earliest possible convenience. Please notify us when this matter can be heard by the Commission and the time that will be allotted to each side for their presentation.

Additionally, as per our earlier telephone conversation today, we have been notified by the Attorney General's office that they would also like to receive notice of the hearing date to allow their representative to be in attendance. As I informed you, once the hearing is set, please contact John Grubesic in the Attorney General's office (827-6010) and notify him of the date and time of the hearing.

Thank you for your anticipated assistance in this regard. We look forward to hearing from you in the near future regarding the scheduling of this matter.

Very truly yours,

THE BRANCH LAW FIRM

James P. Lyle

/jms

cc: Robert Trenchard, Esquire Bill McNeill

DURANGO COLORADO OFFICE

102 East 8th Street Suite 205 Durango, Colorado 81301 (970) 385-7671 Fax (970) 247-7734



HOUSTON TEXAS OFFICE

808 Travis Street Suite 1303 Houston, Texas 77002 (800) 243-3545 Fax (713) 224-1622

#### MCCORMICK, CARAWAY, TABOR AND MADRID, L. L. P.

ATTORNEYS AND COUNSELORS AT LAW BUJAC BUILDING, 112 NORTH CANYON P. O. BOX 1718 CARLSBAD, NEW MEXICO 88221-1718

TELEPHONE (505) 885-4171 FAX: (505) 885-1963 E-MAIL: mctmlaw@carlsbadnm.com

DON G. McCORMICK (1907-1986) JOHN M. CARAWAY CAS TABOR DENISE A. MADRID BOYEA LISA B. RILEY

JOSEPH M. ZEBAS

November 14, 2000

Ms. Lynn Hebert, Esquire New Mexico Oil Conservation Division 2040 South Pacheco Street Santa Fe, NM 87505

> William F. McNeill, et. al., vs. Rice Engineering and Operating, Inc., RE: et. al. CV-98-410-C

Dear Ms. Hebert:

We have rescheduled the deposition of Wayne Price for Friday, December 1, 2000 at 10:00 a.m. there at the OCD Offices in Santa Fe. I have already cleared this date and time with Mr. Price. I have also scheduled an appointment with Mr. Price for Thursday, November 30<sup>th</sup> at 3:30 p.m. to get a handle on the scope and breadth of his file and how it should be referred to most efficiently in the deposition. We are having a Subpoena personally served upon Mr. Price for his attendance at the deposition.

I am forwarding a copy to you of the Amended Notice to Take Oral Deposition Duces Tecum and a copy of the Subpoena Duces Tecum which I am having served upon Mr. Price.

I look forward to making your acquaintance when I arrive in Santa Fe for the deposition.

Thank you.

Very truly yours

JMC:rm Enclosures CC: Frank McCallum (w/enclosures) Wayne Price (w/enclosures)

C:\MyFiles\General\Rice\_Operating\_Company\Hebert Letter.wpd



FIFTH JUDICIAL DISTRICT COURT COUNTY OF LEA STATE OF NEW MEXICO

WILLIAM F. MCNEILL, MARILYN CATES, AND THE BLACK TRUST,

Plaintiffs,

vs.

RICE ENGINEERING AND OPERATING, INC.; RICE ENGINEERING, INC.; RICE OPERATING COMPANY; AND HOBBS SALT WATER DISPOSAL SYSTEM, et al, No. CV-98-00410C

Defendants.

#### AMENDED NOTICE TO TAKE ORAL DEPOSITION DUCES TECUM

TO: ALL COUNSEL OF RECORD

PLEASE TAKE NOTICE that on the 1<sup>st</sup> day of December, 2000, commencing at 10:00 a.m., at the offices of Wayne Price, New Mexico Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico, the Defendants Rice Engineering and Operating, Inc., et al will take the oral Deposition Duces Tecum of **WAYNE PRICE** before a Certified Shorthand Reporter.

PLEASE TAKE FURTHER NOTICE that said deposition may be videotaped.

PLEASE TAKE FURTHER NOTICE that the deposing party intends to use the deposition taken pursuant to this notice for all purposes provided under the Rule, including use at trial.

On the date and time of taking of the deposition, the witness shall produce the following:

All of your files which have been developed for purposes of the I-9 Junction Release Site, Hobbs Salt Water Disposal System, involving Rice Operating Company and the McNeill Ranch.

#### McCORMICK, CARAWAY, TABOR & MADRID

Elarg M By:\_∕

John M. Caraway P.O. Box 1718 Carlsbad, NM 88221-1718 Phone: (505) 885-4171 Attorneys for Defendants Rice Engineering and Operating, Inc., Rice Engineering, Inc., Rice Operating Company, and Hobbs Salt Water Disposal System

And

Frank H. McCallum Attorney at Law 112 Loraine South, Suite 500 Midland, TX 79701 Phone: (915) 682-3288

#### **CERTIFICATE OF SERVICE**

I hereby certify that on the  $10^{44}$  day of November, 2000, a true and correct copy of the foregoing pleading was sent by both telefax and by regular first class mail to opposing counsel of record listed as follows:

Robert Trenchard, Esquire Trenchard & Hoskins, L.L.P. P.O. Box 799 Kermit, Texas 79745

James P. Lyle, Esquire Branch Law Firm 2025 Rio Grande Boulevard, N.W. Albuquerque, NM 87104

Rod M. Schumacher, Esquire Atwood, Malone, Turner & Sabin P.O. Drawer 700 Roswell, NM 88202-0700

Franklin H. McCallum, Esquire Attorney at Law 112 Loraine South, Suite 500 Midland, Texas 79701

#### McCORMICK, CARAWAY, TABOR & MADRID

man M Bv:

John M. Caraway P.O. Box 1718 Carlsbad, NM 88221-1718 Phone: (505) 885-4171 Attorneys for Defendants Rice Engineering and Operating, Inc., Rice Engineering, Inc., Rice Operating Company, and Hobbs Salt Water Disposal System

C:\MyFiles\General\Rice\_Operating\_Company\Notice to Take Depo DucesTecum 5.wpd

| FIFTH JUDICIAL DISTRICT COURT<br>COUNTY OF LEA<br>STATE OF NEW MEXICO                                                                       |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| WILLIAM F. McNEILL, MARILYN<br>CATES, AND THE BLACK TRUST,                                                                                  | )<br>)                  |
| Plaintiffs,                                                                                                                                 | )                       |
| vs.                                                                                                                                         | )<br>) No. CV-98-00410C |
| RICE ENGINEERING AND OPERATING,<br>INC.; RICE ENGINEERING, INC.;<br>RICE OPERATING COMPANY; AND<br>HOBBS SALT WATER DISPOSAL SYSTEM, et al, | )<br>)<br>)             |
| Defendants.                                                                                                                                 | '<br>)<br>_)            |

#### SUBPOENA DUCES TECUM

TO: Mr. Wayne Price New Mexico Oil Conservation Division 2040 South Pacheco Santa Fe, NM 87505

YOU ARE HEREBY COMMANDED to be and appear at the Offices of the New

Mexico Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico on the 1st

day of December, 2000 at 10:00 a.m. and to give your oral deposition in the above styled

and numbered cause on behalf of the Defendant, Rice Operating Company.

On the date and time of your deposition, you are further commanded to bring with you and produce the following for purposes of inspection, copying, and reference in the

deposition, to wit:

All of your files which have been developed for purposes of the I-9 Junction Release Site, Hobbs Salt Water Disposal System, involving Rice Operating Company and the McNeill Ranch. AND THIS DO YE UNDER PENALTY OF LAW.

IN WITNESS WHEREOF, I have hereunto set my hand this 10<sup>th</sup> day of

Novenber , 2000.

## McCORMICK, CARAWAY, TABOR & MADRID

M Ву: 🧘

John M. Caraway P.O. Box 1718 Carlsbad, New Mexico 88220 Telephone: (505) 885-4171 Attorney for Defendant Rice Operating Company, et al STATE OF NEW MEXICO

COUNTY OF SANTA FE

#### **RETURN OF SERVICE**

I, being duly sworn on oath, state that I am over the age of 18 years and am not a party to this lawsuit. That I served this Subpoena, together with a check for attendance fee in the sum of \$75.00, in Santa Fe County, New Mexico on the \_\_\_\_\_ day of

\_\_\_\_\_, 2000:

) : ss.

)

(Give details of date, time, place, and personal service of this subpoena upon the witness.)

 making service

 SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

 \_\_\_\_\_\_\_, 2000.

My Commission Expires:

Notary Public

Signature of private person

C:WyFiles\General\Rice\_Operating\_Company\Subpoena Duces Tecum\_Wayne Price.wpd



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON Governor Jennifer A. Salisbury Cabinet Secretary Lori Wrotenbery Director Oil Conservation Division

## Memorandum of Meeting or Conversation

 Telephone
 \_\_X\_\_\_

 Personal
 \_\_\_\_\_

 E-Mail
 \_\_\_\_\_

Time:9 amDate:11-14-00

Originating Party: Bill McNeill- McNeill Ranches and James Lyle (Attorney)

Other Parties: Wayne Price-OCD

Subject: Rice I-9 Abatement Plan AP-8

**Discussion:** 

The above parties requested a copy of Rice's clarification letter recently sent to OCD.

mel in **Conclusions or Agreements:** Signed:

CC: James Lyle- fax 505-243-3534 Bill McNeill





MCCORMICK, CARAWAY, TABOR AND MADRID, L. L. P.

ATTORNEYS AND COUNSELORS AT LAW BUJAC BUILDING, 112 NORTH CANYON P. O. BOX 1718 CARLSBAD, NEW MEXICO 88221-1718

TELEPHONE (505) 885-4171 FAX: (505) 885-1963 E-MAIL: mctmlaw@carlsbadnm.com

DON G. McCORMICK (1907-1986) JOHN M. CARAWAY CAS TABOR DENISE A. MADRID BOYEA LISA B. RILEY

JOSEPH M. ZEBAS

October 31, 2000

Mr. Steve Ross, Esquire New Mexico Oil Conservation Division 2040 South Pacheco Street Santa Fe, NM 87505

RE: William F. McNeill, et. al., vs. Rice Engineering and Operating, Inc., et. al. CV-98-410-C

Dear Mr. Ross:

In line with our telephone conversation of several days past, I am forwarding you a copy of a Notice to Take Oral Deposition Duces Tecum and a copy of a Subpoena Duces Tecum for the deposition of Wayne Price at the OCD Offices in Santa Fe on November 16, 2000 commencing at 10:00 a.m. I have informed Mr. Price that I desire to meet with him commencing at 9:00 o'clock that morning to visit with him informally about the deposition and his file. Part of the purpose of doing this is to try to get a handle on the scope and breadth of the file and how it should be referred to most efficiently in the deposition. We are having the Subpoena personally served upon Mr. Price.

I look forward to making your acquaintance when I arrive in Santa Fe for the deposition.

Thank you.

Very truly yours,

Joh m ang

John M. Caraway

JMC:rm Enclosures cc: Frank McCallum (w/enclosures) Wayne Price (w/enclosures)

C:\MyFiles\General\Rice\_Operating\_Company\Ross Letter.wpd

|                                                                                                                                             |                  |          | ()        |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|-----------|
| FIFTH JUDICIAL DISTRICT COURT<br>COUNTY OF LEA<br>STATE OF NEW MEXICO                                                                       |                  |          |           |
| WILLIAM F. McNEILL, MARILYN<br>CATES, AND THE BLACK TRUST,                                                                                  | )<br>)           |          |           |
| Plaintiffs,                                                                                                                                 | )                |          |           |
| VS.                                                                                                                                         | ) )              | No. CV-9 | 98-00410C |
| RICE ENGINEERING AND OPERATING,<br>INC.; RICE ENGINEERING, INC.;<br>RICE OPERATING COMPANY; AND<br>HOBBS SALT WATER DISPOSAL SYSTEM, et al, | )<br>)<br>)<br>) |          |           |
| Defendants.                                                                                                                                 | ,<br>)<br>)      |          |           |

#### NOTICE TO TAKE ORAL DEPOSITION DUCES TECUM

TO: ALL COUNSEL OF RECORD

PLEASE TAKE NOTICE that on the 16<sup>th</sup> day of November, 2000, commencing at 10:00 a.m., at the offices of Wayne Price, New Mexico Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico, the Defendants Rice Engineering and Operating, Inc., et al will take the oral Deposition Duces Tecum of **WAYNE PRICE** before a Certified Shorthand Reporter.

PLEASE TAKE FURTHER NOTICE that said deposition may be videotaped.

PLEASE TAKE FURTHER NOTICE that the deposing party intends to use the deposition taken pursuant to this notice for all purposes provided under the Rule, including use at trial.

On the date and time of taking of the deposition, the witness shall produce the following:

All of your files which have been developed for purposes of the I-9 Junction Release Site, Hobbs Salt Water Disposal System, involving Rice Operating Company and the McNeill Ranch.

#### McCORMICK, CARAWAY, TABOR & MADRID

 $|\mathcal{M}|$ Bv: John M. Caraway

P.O. Box 1718 Carlsbad, NM 88221-1718 Phone: (505) 885-4171 Attorneys for Defendants Rice Engineering and Operating, Inc., Rice Engineering, Inc., Rice Operating Company, and Hobbs Salt Water Disposal System

And

Frank H. McCallum Attorney at Law 112 Loraine South, Suite 500 Midland, TX 79701 Phone: (915) 682-3288

#### **CERTIFICATE OF SERVICE**

I hereby certify that on the 3157 day of October, 2000, a true and correct copy of the foregoing pleading was sent by both telefax and by regular first class mail

to opposing counsel of record listed as follows:

Robert Trenchard, Esquire Trenchard & Hoskins, L.L.P. P.O. Box 799 Kermit, Texas 79745

James P. Lyle, Esquire Branch Law Firm 2025 Rio Grande Boulevard, N.W. Albuquerque, NM 87104

Rod M. Schumacher, Esquire Atwood, Malone, Turner & Sabin P.O. Drawer 700 Roswell, NM 88202-0700

Franklin H. McCallum, Esquire Attorney at Law 112 Loraine South, Suite 500 Midland, Texas 79701

#### McCORMICK, CARAWAY, TABOR & MADRID

Bv: John M. Caraway

P.O. Box 1718 Carlsbad, NM 88221-1718 Phone: (505) 885-4171 Attorneys for Defendants Rice Engineering and Operating, Inc., Rice Engineering, Inc., Rice Operating Company, and Hobbs Salt Water Disposal System

C:\MyFiles\General\Rice\_Operating\_Company\Notice to Take Depo DucesTecum 5.wpd



FIFTH JUDICIAL DISTRICT COURT COUNTY OF LEA STATE OF NEW MEXICO

WILLIAM F. MCNEILL, MARILYN CATES, AND THE BLACK TRUST,

Plaintiffs,

Defendants.

vs.

No. CV-98-00410C

RICE OPERATING COMPANY; AND HOBBS SALT WATER DISPOSAL SYSTEM, et al,

RICE ENGINEERING AND OPERATING,

INC.; RICE ENGINEERING, INC.;

#### SUBPOENA DUCES TECUM

TO: Mr. Wayne Price New Mexico Oil Conservation Division 2040 South Pacheco Santa Fe, NM 87505

YOU ARE HEREBY COMMANDED to be and appear at the Offices of the New

Mexico Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico on the 16th

day of November, 2000 at 10:00 a.m. and to give your oral deposition in the above styled

and numbered cause on behalf of the Defendant, Rice Operating Company.

On the date and time of your deposition, you are further commanded to bring with

you and produce the following for purposes of inspection, copying, and reference in the deposition, to wit:

All of your files which have been developed for purposes of the I-9 Junction Release Site, Hobbs Salt Water Disposal System, involving Rice Operating Company and the McNeill Ranch. STATE OF NEW MEXICO

COUNTY OF SANTA FE

#### **RETURN OF SERVICE**

I, being duly sworn on oath, state that I am over the age of 18 years and am not a party to this lawsuit. That I served this Subpoena, together with a check for attendance fee in the sum of \$75.00, in Santa Fe County, New Mexico on the \_\_\_\_\_ day of

\_\_\_\_\_, 2000:

) : ss.

)

(Give details of date, time, place, and personal service of this subpoena upon the witness.)

|                | Signature of private perso<br>making service |    |        |    |      |  |     |    |
|----------------|----------------------------------------------|----|--------|----|------|--|-----|----|
| <br>SUBSCRIBED | SWORN<br>2000.                               | to | before | me | this |  | day | of |
|                |                                              |    |        |    |      |  |     |    |

My Commission Expires:

Notary Public

AND THIS DO YE UNDER PENALTY OF LAW.

IN WITNESS WHEREOF, I have hereunto set my hand this  $\frac{31^{57}}{2}$  day of

October, 2000.

#### McCORMICK, CARAWAY, TABOR & MADRID

M. Cour Bv2

John M. Caraway P.O. Box 1718 Carlsbad, New Mexico 88220 Telephone: (505) 885-4171 Attorney for Defendant Rice Operating Company, et al

## ARCADIS GERAGHTY& MILLER

### OCT 3 0 2000

CON SCRATTER OF LEVEL

Mr. Wayne Price State of New Mexico Energy and Minerals Department Oil Conservation Division 2040 S. Pacheco Santa Fe, New Mexico 87505

Subject: Clarification of Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

Dear Mr. Price:

7

On behalf of Rice Operating Company (ROC), ARCADIS Geraghty & Miller (AG&M) respectfully submits this letter of clarification to the Stage 2 Abatement Plan Proposal, Junction I-9 Release Site. The plan proposal was submitted to New Mexico Oil Conservation Division (NMOCD) on March 31, 2000 and was approved by OCD on May 30, 2000.

Section 3.1 (Soil Remediation) of the Stage 2 Abatement Plan Proposal states that soils with concentrations of total petroleum hydrocarbons (TPH), benzene and bezene, toluene, ethylbenzene and xylenes (BTEX) in excess of OCD standards of 100 milligrams per kilogram (mg/kg), 10 mg/kg and 50 mg/kg, respectively will be excavated and the excavation will be backfilled with clean soil. We would like to clarify that clean soil is soil that meets OCD standards and does not exceed concentrations of 100 mg/kg TPH, 10 mg/kg benzene and 50 mg/kg BTEX.

Approximately 11,000 loose cubic yards of impacted soil has been disposed at an NMOCD approved facility. All remaining soils (estimated to be 4,000-5,000 loose cubic yards) will be blended with overburden/replacement soils (approximately 40,000 loose cubic yards) and returned to the excavation as backfill. TPH, benzene, and BTEX concentrations will be verified by laboratory analysis for each three-foot thick lift. Blended soils will not exceed concentrations of 100mg/kg TPH, 10 mg/kg benzene and 50 mg/kg BTEX.

As stated in Section 3.1 of the approved Stage 2 Abatement Proposal Plan, if TPH and BTEX concentrations at the bottom of the excavation are in excess of NMOCD



ARCADIS Geraghty & Miller, Inc. 1030 Andrews Hwy. Suite 120 Midland Texas 79701 Tel 915-699-1381 Fax 915-699-1978

Environmental

Midland, Texas, 26 October 2000

Contact: Sharon Hall

Extension: 915 699-1381

#### **ARCADIS** GERAGHTY& MILLER

standards, because excavation was discontinued due to the presence of groundwater, remaining soils will be treated with naturally occurring hydrocarbon degrading microorganisms and nutrients to promote biodegradation. In addition to treatment of these soils, a 12 to 15 inch-thick compacted clay layer will be installed in areas of the excavation where groundwater is encountered to inhibit downward migration of constituents and to protect the groundwater interface. The compacted clay layer will be installed according to NMOCD clay layer specifications (meet or exceed 95% of a Proctor Test ASTM-D-698 and permeability equal to or less than 1 x  $10^{-7}$  centimeters per second.)

We would like to request an extension of the October 31, 2000 deadline to complete remediation activities at this site. The size of the excavation is larger than anticipated. Because the depth of the excavation is greater than 20 feet deep, excavation activities are being performed in accordance with OHSA Specific Excavation Requirements. Therefore, the number and type of excavation equipment used at this site are limited, which limits the volume of soil that can be excavated per day.

Additionally, the two monitor wells that will be drilled at this site will be drilled in locations that are currently excavated. The wells cannot be installed until excavation and backfilling activities are completed. We request that the October 31, 2000 deadline for submission of remediation results be extended to December 31, 2000. A letter describing the status of the remediation activities will be submitted to you at your request.

If you have any questions or would like additional information, please call me at 915 699-1381.

Sincerely,

ARCADIS Geraghty & Miller, Inc.

Shanon E. Hall

Sharon E. Hall Project Manager

Copies:Mr. Chris Williams, OCD Hobbs OfficeF. McCallum (2, includes copy for Mr. Bill McNeill's legal representative)Carolyn Haynes, Rice Operating Company



INSPECTION & SITE Disit RICE I-9 AP-8 BY OLSON & PRIEFE - Jul SEPT 19, 2000 PICTURES BY D. WILLIAMS -1054 LOOKING X S.E.

10/23/00



## 2054 RICE I-9



RICE I-9 3 of 4



# Rice I-9 4 of 4

10/23/00

#### Price, Wayne

From:riceswd[SMTP:riceswd@gte.net]Sent:Monday, September 11, 2000 11:56 AMTo:Price, WayneSubject:Updates on Several Subjects

Wayne,

Just a few notes to update you on several projects that are on-going.

#### The Stage II Abatement for the Hobbs I-9 Release site on Bill McNeill's land:

The AFE has been approved and the money was supposed to be IN today. Well, it isn't. Oxy Permian has decided that they are responsible for the well commitment of all the wells in the North and South Hobbs Units. This was confirmed by email and Rice is awaiting the hard paper copy. Anyway, what this means is that Rice will have to re-bill according to the new percentages. I'm still hoping we can get started with the one-call before Friday, September 15th.

Rice finally heard from Mr. McNeill's legal representative concerning Mr. McNeill's requirements for the vadose zone remediation. Basically:

- 1. chlorides removed to background levels
- 2. Zero BTEX
- 3. less than 100 ppm TPH
- 4. ground re-planted in gramma grass
- 5. no outside fill soils
- 6. damages
- 7. McNeill caliche for purchase
- 8. McNeill topsoil for purchase

I believe these stipulations are not deal-breakers and we can abide with them.

Now, we just wait for money. I'll keep you informed.

#### RICE SWD F-29 located on West Co. Road between Bender and Sanger Streets

This is the wellsite where Rice replaced redwoods and closed an emergency overflow pit. The groundwater results of the new monitor well was found to be high in TDS and Chlorides, but below limits for BTEX and no hydrocarbon product. This result is highly frustrating because the vadose zone investigation clearly indicated that chloride impact at the redwood site stopped between 30 and 40 feet BGS and the pit site at 8 feet BGS (pit was hardly ever used). The reason Rice agreed to sample a monitor well was because of the TPH pocket found at 40 feet BGS (which also stopped before GW impact) at the redwood site. Initial GW sampling (while you were present with Wes Root at the well drilling) found the GW to be not impacted with TDS.

I contacted you by phone with these recent results and we decided that an up-gradient well would allow for information about other possible sources of TDS impact. I contacted the landowner of the surrounding property, Mr. Gary Schubert of Grimes Land Company to negotiate drilling a monitor well. Mr. Schubert feels that drilling a monitor well on his land in order to investigate groundwater impact is not in his best interest or the best interest of the value of his property, and he declines to allow permission or right-of-way to drill a well.

At this point, Rice will continue to sample the monitor well for TDS, CI, and BTEX for the allotted time frame. Again, we were willing to monitor because of the TPH found at 40' BGS and to be sure that it did not migrate downward. Rice did install a compacted clay layer to inhibit downward migration before the excavation was backfilled.

If you have suggestions about an alternate path to proceed, please inform Rice of the possibilities.

#### JUNCTION BOX UPGRADE WORK PLAN

Rice is preparing the junction box locations and site assessments to send in to you for the EME and BD systems, where the AFE's have been approved and funding is available. Please expect this before the end of the month.

I should be in the office most of this week and next. Thank you,

-----

Carolyn Haynes

,

**RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

#### **CERTIFIED MAIL RECEIPT NUMBER 7099 3220 0002 3946 7991**

July 31, 2000

Mr. Roger C. Anderson State of NM Energy and Minerals Dept. Oil Conservation Division 2040 South Pacheco St. Santa Fe, NM 87505

Re: Stage II Abatement Plan (AP-8) Junction I-9 Release Site Hobbs Salt Water Disposal System NE/4 SE/4 Section 09-T19S-R38E Lea County, New Mexico

Dear Mr. Anderson:

Rice Operating Company (ROC) has been directed to report progress quarterly on the above referenced site, with the first report due July 31, 2000.

The progress to date has been to write and distribute the AFE for the site remediation. As of this date, the Hobbs SWD System Partners have not approved the AFE. A Partner meeting is being organized to facilitate discussion concerning this environmental remediation project.

Projects of this magnitude require System Partner AFE approval and pre-work funding in order to begin the on-site work. ROC has no ownership of pipelines, wells, or facilities of the Hobbs SWD System. The Hobbs SWD System is owned by a consortium of System Partners who provide operating capital based on percent ownership or usage.

This project will be updated to the NMOCD again October 31, 2000. If you have any questions, please contact me at 505-393-9174.

Sincerely,

Carolyn Doran Haynes

Carolyn Doran Haynes Operations Engineer

Cc: KH, F. McCallum (2: includes copy for Mr. Bill McNeill's legal representative), file Mr. Chris Williams, OCD Hobbs Office

1.33 4

#### Price, Wayne

From:Price, WayneSent:Tuesday, August 01, 2000 11:02 AMTo:'riceswd'Subject:RE: I-9 Release Site Progress Report

NMOCD sent Rice Operating Co. a letter on May 30, 2000 requiring additional work. As of this date NMOCD has not received the results of this requirement. You are hereby required to start implementing this work no later than September 15, 2000 and submit the results by October 31, 2000. L

L

 From:
 riceswd[SMTP:riceswd@gte.net]

 Sent:
 Monday, July 31, 2000 4:16 PM

 To:
 Anderson, Ruby

 Cc:
 Price, Wayne

 Subject:
 I-9 Release Site Progress Report

<<File: LetterI9OCD73100.doc>>

Attached is the progress report requested in the May 30, 2000 letter concerning the Stage II Abatement Plan for the I-9 (McNeill) Release Site. I wish I had more to report. As events progress, I will be keeping you informed.

I am sending a hard copy via the US Certified Mail.

Thank You, Carolyn Haynes

#### Price, Wayne

From:Mail Administrator[SMTP:Postmaster@gte.net]Reply To:Mail AdministratorSent:Tuesday, August 01, 2000 11:00 AMTo:Price, WayneSubject:Mail System Delivery Report





ATT

Your message was successfully delivered to its final destination. This is a notification of that fact, as you requested.

Please reply to Postmaster@gte.net if you feel this message to be in error.

## **RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

#### CERTIFIED MAIL RETURN RECEIPT NO. Z 577 009 787

March 31, 2000

1-----

Mr. Roger C. Anderson State of NM Energy and Minerals Dept. Oil Conservation Division 2040 South Pacheco St. Santa Fe, NM 87505

> Re: Stage II Abatement Plan (AP-8) Junction I-9 Release Site Hobbs Salt Water Disposal System NE/4 SE/4 Section 09-T19S-R38E Lea County, New Mexico

Dear Mr. Anderson:

Rice Operating Company (ROC) has compiled the documentation of the written and public notice concerning the Stage 2 Abatement Plan, Junction I-9 Release Site. The certified mailing was distributed March 20, 2000 and the published notice appeared in the Hobbs News Sun and the Albuquerque Journal on March 24, 2000. Proof of Notice is enclosed with this letter.

ROC will await the public and NMOCD response to this Stage II Abatement Plan Proposal.

If you have any questions, please contact me at 505-393-9174.

Sincerely,

Enclosures:

Cc:

Caroly Doran Hayner

Carolyn Doran Haynes Operations Engineer

Stage II Abatement Plan Written and Public Notice KH, F. McCallum (2: includes copy for Mr. Bill McNeill's legal representative), file, Mr. Chris Williams, OCD Hobbs Office

### AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

I, 03112000

#### Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of\_\_\_\_\_1

weeks.

Beginning with the issue dated

March 24 \_\_\_\_\_ 2000

and ending with the issue dated

March 24 \_\_\_\_ 2000

thi Verarden

Publisher Sworn and subscribed to before

me this \_\_\_\_\_ day of

March \_\_\_\_\_ 2000

, Henson

Notary Public.

My Commission expires October 18, 2000 (Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

#### LEGAL NOTICE March 24, 2000 NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 2 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, Carolyn Doran Haynes, Opera-tions Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage II Abatement Plan Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately 0.6 miles southwest of Hobbs in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice, Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; backfill excavation with clean fill soil; seed surface with native vegetation; PSH recovery from groundwater and treatment to promote natural biodegradation of hydrocarbons in the groundwater, quarterly sampling of all monitor wells until results meet NMWQCC standards for eight consecutive guarters and approval of the NMOCD; prepare a report summarizing field activities and laboratory results; reports monitor well results annually until closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit to the Director of the Oil Conservation Division, at the address given above, written comments or a written request for a public hearing that include reasons why a hearing should be held. The Stage 2 Abatement, Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240. Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage 2 Abatement Plan Proposal, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments or a written request for a hearing may be submitted. #17279

01104367000

01539707

Rice Operating Company 122 West Taylor Hobbs, NM 88240

#### NOTICE OF PUBLICATION

STATE OF NEW MEXICO ENERGY, MINERAL AND NATURAL RESOURCES  $\sim \alpha$ DEPARTMENT OIL CONSERVATION DIVISION

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 2 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, Carolyn Doran Haynes, Operations Engl-neer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mex-ico 88240, has submitted a Stage II Abatement Plan Proposal for the Pipeline Junction 1-9, Hobbs Satt Water Disposal System, located ap-proximately 0.6 miles southwest of Hobbs in the NE ¼, SE¼ of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The State II Abate-ment Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; backfill excavation with clean fill soil; seed surface with native vegetation; PSH recovery from groundwater and treatment to promote natural biodegration of hydrocarbons in the groundwater; quarterly sampling of all monitor wells until results meet NMWQGGstandards for eight consecutive quarters and approval of the NMOCD; prepare a report summa-rizing field activities and laboratory result s; report monitor well results annually until closure.

Any interested person may obtain fur-ther information from the Oil Conversation Division and may submit to the Director of the Oil Conservation Division, at the address given above, writ-ten comments or a written request for a public hearing that include reasons why a hearing should by held. The State 2 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240. Telephone (505) 393-6161 between 8:00 am and 4:00 pm, Monday through Friday. Prior to ruling on any proposed Stage 2 Abatement Plan Proposal, the Director of the Oil Con-servation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments or a written-request for a hearing may be submitted. Journal: March 24, 2000

#### STATE OF NEW MEXICO County of Bernalillo SS

Sworn and

Bill Tafoya, being duly sworn, declares and says that he is Classified Advertising Manager of The Albuquerque Journal, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for times, the first publication being on the t day of 2000, and the subsequent consecutive publications on 2000. 0

to before me, a Notary Public, in

Bornalillo and State of New Mexico

**5** f 2000.

and for this OFFICIAL SEAL aTAT Corrina Duncan NOTARY PUBLIC STATE OF NEW VEXIC 49 Commission Expires ACOUNT NUMBER C82 CLA-22-A (R-1/93)

. PRICE

the County of

Statement to come at end of month.

subscribed

| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | I also wish to receive the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                | we can return this                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp                                                                                                                                                                                                                                                                                                                                                                                           | ace does not                                                                                                                                                                       | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| permit.  Write "Return Receipt Requested" on the mailpiece below the a                                                                                                                                                                                                                                                                                                                                                                                                         | rticle number.                                                                                                                                                                     | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                 | and the date                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4a. Article Nu                                                                                                                                                                     | umber _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25                                                                                                                                                                                 | 77009765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Division of Water Quality                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b. Service T                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Registered                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 288 North 1460 West                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Express M                                                                                                                                                                          | tail 🛛 Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Salt Lake City, UT 84114                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Return Reco                                                                                                                                                                        | eipt for Merchandise 🛛 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of De                                                                                                                                                                      | livery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| RECE                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    | 's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| MAR 2 4 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fee is paid)                                                                                                                                                                       | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Illah Ctoto Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Utan State we                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    | -B-0223 Domestic Return Recei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Utah State Ma<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                   | 102595-99                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                            | 102595-99                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                         | 102595-95                                                                                                                                                                          | I also wish to receive the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card fo you.                                                                                                                                                                                                                                                                           | we can return this                                                                                                                                                                 | I also wish to receive the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the malipiece, or on the back if sp permit.                                                                                                                                                                                             | we can return this ace does not                                                                                                                                                    | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the malipiece, or on the back if sp permit.  Write "Ratum Receipt Requested" on the malipiece below the a The Peture Receipt Requested" on the malipiece below the a The Peture Receipt Requested" on the malipiece below the a         | we can return this<br>ace does not<br>tick number                                                                                                                                  | I also wish to receive the following services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.                                                                   | we can return this<br>ace does not<br>ticle number,<br>and the date                                                                                                                | I also wish to receive the follow<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the malipiece, or on the back if sp permit.  Write "Ratum Receipt Requested" on the malipiece below the a The Peture Receipt Requested" on the malipiece below the a The Peture Receipt Requested" on the malipiece below the a         | we can return this<br>ace does not<br>tick number                                                                                                                                  | I also wish to receive the follow<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.                                                                   | we can return this<br>ace does not<br>ticle number.<br>and the date<br>4a. Article Nu<br>2-57                                                                                      | I also wish to receive the following services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card fo you.  Attach this form to the front of the mailpiece, or on the back if ap permit.  Write 'Ratum Receipt Requested' on the mailpiece below the a O The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to:                          | we can return this<br>ace does not<br>ticle number,<br>and the date<br>4a. Article Nu<br>251<br>4b. Service Ty                                                                     | I also wish to receive the following services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, ad, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the frant of the malipiece, or on the back if sp permit.  Write 'Ratum Receipt Requested' on the malipiece below the a delivered.  3. Article Addressed to: Billie Leë Redinger                                                                      | we can return this<br>ace does not<br>ticle number.<br>and the date<br>4a. Article Nu<br>2-51<br>4b. Service T<br>B Registered                                                     | I also wish to receive the following services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery mber ype Content field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write 'Asturn Receipt Reguested' on the mailpiece below the a The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Billie 'Leë Redinger RR4, Bex 458         | we can return this<br>ace does not<br>ticle number.<br>and the date<br>4a. Article Nu<br>255<br>4b. Service T;<br>C Registered<br>Express M                                        | I also wish to receive the follow<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>ype<br>Certified<br>ail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write 'Asturn Receipt Reguested' on the mailpiece below the a The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Billie 'Leë Redinger RR4, Bex 458         | we can return this<br>ace does not<br>ticle number.<br>and the date<br>4a. Article Nu<br>2-5<br>4b. Service T<br>C Registered<br>Express M<br>P Return Rece                        | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  mber ype f Certified ail  Insured ptp for Merchandise  COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write ' <i>Ratum Receipt Reguested</i> ' on the mailpiece below the a The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Billie 'Leë Redinger RR4, Bex 458 | we can return this<br>ace does not<br>ticle number.<br>and the date<br>4a. Article Nu<br>255<br>4b. Service T;<br>C Registered<br>Express M                                        | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  mber ype f Certified ail  Insured ptp for Merchandise  COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PS Form 3811, December 1994  SENDER: Complete items 3, 4a, and 4b. The first provide the services of this form so that Card to you. Attach this form to the front of the mailpiece, or on the back if ag permit. Write 'Asturn Receipt Requested' on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Billie 'Leë' Redinger RR4, Bex 458 Olney, IL 62450                                           | we can return this<br>ace does not<br>ticle number,<br>and the data<br>4a. Article Nu<br>255<br>4b. Service T<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>3     | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  mber  ppe  Certified ail  Insured inpt for Merchandise COD ivery  -2.3-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PS Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write ' <i>Ratum Receipt Reguested</i> ' on the mailpiece below the a The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Billie 'Leë Redinger RR4, Bex 458 | we can return this<br>ace does not<br>ticle number,<br>and the data<br>4a. Article Nu<br>255<br>4b. Service T<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>3     | I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PS Form 3811, December 1994  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card is you.  Attach this form to the front of the malipiece, or on the back if appendix.  Withe 'Ratum Receipt Requested' on the malipiece below the a delivered.  Article Addressed to:  Billie Leë Redinger RR4, Box 458 Oiney, IL 62450  S. Repeived By: (PrintName)               | we can return this<br>ace does not<br>ticle number,<br>and the date<br>4a. Article Nu<br>4b. Service T<br>Registered<br>Express M<br>Return Rece<br>7. Date of Def<br>8. Addressee | I also wish to receive the following services (for an extra fee):         1.       Addressee's Address         2.       Restricted Delivery         mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PS Form 3811, December 1994  SENDER: Complete items 3, 4a, and 4b. The first provide the services of this form so that Card to you. Attach this form to the front of the mailpiece, or on the back if ag permit. Write 'Asturn Receipt Requested' on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Billie 'Leë' Redinger RR4, Bex 458 Olney, IL 62450                                           | we can return this<br>ace does not<br>ticle number,<br>and the date<br>4a. Article Nu<br>4b. Service T<br>Registered<br>Express M<br>Return Rece<br>7. Date of Def<br>8. Addressee | I also wish to receive the following services (for an extra fee):         1.         Addressee's Address         2.         Restricted Delivery         mber         Imber         Imber |

Thank you f

|                        | 15                                           | s your <u>RE</u> ]                | URN A                                         | ODRE              | SS              | comt                                      | leted                             | on the                                                                                                                                                                 | reve                     | rse s                                                                                                                                                                       | ide?                               |
|------------------------|----------------------------------------------|-----------------------------------|-----------------------------------------------|-------------------|-----------------|-------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| ···· · · · · · · · · · | <br>PS Form 3811, December 1994              | 6. Signature (Addressee or Agent) | 5. Received By: (Print Name)                  | Hobbs, NM 88240   | 1824 S. Cochran | Frank Bargas<br>Adan Guillen              |                                   | ☐ Write 'Return Receipt Requested' on the mailpiece below the article number. ☐ The Return Receipt will show to whom the article was delivered and the date delivered. | card to you.             | Complete items 1 and/or 2 for addutional services.<br>Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this | SENDER:                            |
|                        | <br>102595-99-B-0223 Domestic Return Receipt |                                   | 8. Addressee's Address (Only if requested and | r Merchandise COD | ail Insured     | 4b. Service Type<br>Registered Critical B | 4a. Article Number<br>2017009 625 |                                                                                                                                                                        | 2. C Restricted Delivery | influence for an over root.                                                                                                                                                 | I also wish to receive the follow- |
|                        |                                              | 1/18                              | ank you                                       | lor u             | ອາມດິ           | j neu                                     | ann <del>n</del> e                | confra                                                                                                                                                                 | 3001 VIL                 |                                                                                                                                                                             |                                    |

1

•

• -

. . . . . . . .

|                                          | ls your <u>RETL</u>                                       | IRN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| PS Form <b>3811,</b> December 1994       |                                                           | ditional services.<br>In analpiece, or on the back if space<br>fron the maipiece below the arise<br>whom the acticle was delivered an<br>in the acticle was delivered and the service of the service<br>in the acticle was delivered and the service of the service o |            |
| 102595-99-B-0223 Domestic Return Receipt | . Addressee's Address (Only if requested and fee is paid) | I also wish to receive the following services (for an extra tee):         ver can return this         ing services (for an extra tee):         ver does not         ing services (for an extra tee):         and the dale         athe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - <b>1</b> |

,

•

!

1

.

t

| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - 4h - 1                                                                                                                                                                                                                                                                   | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Print your name and address on the reverse of this form so<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                            | 1. 🗖 Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Attach this form to the front of the mailpiece, or on the back permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                                                                                                                                                          | 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Write "Return Receipt Requested" on the mailpiece below<br>The Return Receipt will show to whom the article was deli-<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | vered and the date                                                                                                                                                                                                                                                         | - ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Nu                                                                                                                                                                                                                                                             | mber<br>577 009 (010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Martin Rodriguez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service Ty                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1219 E. Snyder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C Registered                                                                                                                                                                                                                                                               | Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Express Ma                                                                                                                                                                                                                                                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                            | ipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7. Date of Del                                                                                                                                                                                                                                                             | 3-22.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5-Regeived Bys (Prig Name) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8. Addressee's                                                                                                                                                                                                                                                             | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Kith Rodrauch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fee is paid)                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FI                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            | 8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| -3 Funn Julit, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99-                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                            | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | k if space does not                                                                                                                                                                                                                                                        | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b,<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malibiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | k if space does not<br>the article number.                                                                                                                                                                                                                                 | ing services (for an extra fee):<br>1.   Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiecs, or on the back<br>permit.<br>White 'Refum Receipt Requested' on the mailpiece below i<br>The Return Receipt Rehows to whom the article was deliv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | k if space does not<br>the article number.                                                                                                                                                                                                                                 | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write " <i>Relum Receipt Requested</i> " on the malipiece below in<br>The Return Receipt will show to whom the article was deliv<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | k if space does not<br>the article number.<br>vered and the date<br>4a. Article Nur<br>25                                                                                                                                                                                  | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  nber 11.009.698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form sc<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the article number.<br>wered and the date<br>4a. Article Nur<br>2.5<br>4b. Service Ty                                                                                                                                                                                      | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write <i>Heturn Receipt Requested</i> on the malipiece below i<br>The Return Receipt will show to whom the article was delivid<br>delivered.<br>3, Article Addressed to:<br>Kenneth L. Cook                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | k if space does not<br>the article number,<br>vered and the date<br>4a. Article Nur<br>2<br>4b. Service Ty<br>Registered                                                                                                                                                   | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Ther  Ther Ther |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write <i>Palum Receipt Requested</i> on the malipiece below in<br>The Return Receipt will show to whom the article was deliv<br>delivered.<br>Article Addressed to:<br>Kenneth L. Cook<br>306 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <pre>k if space does not the article number. wered and the date 4a. Article Nur 2 5 4b. Service Ty</pre>                                                                                                                                                                   | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write <i>Palum Receipt Requested</i> on the malipiece below in<br>The Return Receipt will show to whom the article was deliv<br>delivered.<br>Article Addressed to:<br>Kenneth L. Cook<br>306 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | k if space does not<br>the article number.<br>wered and the date<br>4a. Article Nur<br>2<br>4b. Service Ty<br>Registered<br>Express Ma<br>Return Rece                                                                                                                      | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Ther Ther Ther Ther Ther Ther Ther The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write <i>Palum Receipt Requested</i> on the malipiece below in<br>The Return Receipt will show to whom the article was deliv<br>delivered.<br>Article Addressed to:<br>Kenneth L. Cook<br>306 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <pre>k if space does not the article number. wered and the date 4a. Article Nur 2 5 4b. Service Ty</pre>                                                                                                                                                                   | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write <i>Palum Receipt Requested</i> on the malipiece below in<br>The Return Receipt will show to whom the article was deliv<br>delivered.<br>Article Addressed to:<br>Kenneth L. Cook<br>306 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul> <li>if space does not<br/>the article number.<br/>vered and the date</li> <li>4a. Article Nur</li> <li>4b. Service Ty</li> <li>4b. Service Ty</li> <li>Registered</li> <li>Express Ma</li> <li>Return Rece</li> <li>7. Date of Deli</li> <li>8. Addresseet</li> </ul> | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Ther Ther Ther Ther Ther Ther Ther The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form socard to you. Attach this form to the front of the malipiece, or on the back permit. Write 'Return Receipt Requested' on the malipiece below i The Return Receipt will show to whom the article was deliv delivered. Kenneth L. Cook 306 W. Castle Hobbs, NM 88240 S. Received By: (PrintWarne) Complete Received By: (PrintBy By B | k if space does not<br>the article number.<br>vered and the date<br>4a. Article Nur<br>2<br>4b. Service Ty<br>Begistered<br>Express Mi<br>7. Date of Deli                                                                                                                  | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Poer Poer Poer Poer Poer Poer Poer Poe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the malipiece, or on the back<br>permit.<br>Write ' <i>Relum Receipt Requested'</i> on the malipiece below in<br>The Return Receipt will show to whom the article was deliv<br>delivered.<br>3. Article Addressed to:<br>Kenneth L. Cook<br>306 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul> <li>if space does not<br/>the article number.<br/>vered and the date</li> <li>4a. Article Nur</li> <li>4b. Service Ty</li> <li>4b. Service Ty</li> <li>Registered</li> <li>Express Ma</li> <li>Return Rece</li> <li>7. Date of Deli</li> <li>8. Addresseet</li> </ul> | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Poer Poer Poer Poer Poer Poer Poer Poe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

.

.

|                                                                                                                                                               |                              |                                                                        |                                             | SENDER:                                                                                                                                                                                  |                                       |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------|
| ENDER:<br>Complete items 1 and/or 2 for additional services.                                                                                                  | ļ                            | I also wish to receive the follow-<br>ing services (for an extra fee): |                                             | Complete items 1 and/or 2 for additional services.                                                                                                                                       |                                       | I also wish to receive the follow-<br>ing services (for an extra fee): |
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we                                                           | can return this              | 1. 🗆 Addressee's Address                                               | · ce                                        | Print your name and address on the reverse of this form so t<br>card to you.                                                                                                             |                                       | 1.  Addressee's Address                                                |
| card to you.<br>Attach this form to the front of the mailpiece, or on the back if space                                                                       |                              | 2.  Restricted Delivery                                                | Servic                                      | Attach this form to the front of the mailpiece, or on the back i permit.                                                                                                                 | -                                     | 2. TRestricted Delivery                                                |
| permit.<br>) Write "Return Receipt Requested" on the mailpiece below the article<br>) The Return Receipt will show to whom the article was delivered and      | e number.<br>d the date      |                                                                        | ipt S                                       | I Write "Return Receipt Requested" on the mailpiece below the<br>The Return Receipt will show to whom the article was delive<br>delivered.                                               | e article number.<br>red and the date |                                                                        |
| delivered.                                                                                                                                                    | 4a. Article Nu               | mber 00                                                                | Rece                                        | 3. Article Addressed to:                                                                                                                                                                 | 4a. Article N                         | umber                                                                  |
|                                                                                                                                                               | 751                          | 17009089                                                               |                                             | Archie Wiggins                                                                                                                                                                           | to                                    | 11004571                                                               |
|                                                                                                                                                               | 4b. Service T                | ·· <u> </u>                                                            | Retu                                        | 5 311 W. Temple                                                                                                                                                                          | 4b. Service                           |                                                                        |
|                                                                                                                                                               | Registered<br>Express M      | . /-                                                                   |                                             | Hobbs, NM 88240                                                                                                                                                                          | Express I                             | ·                                                                      |
|                                                                                                                                                               |                              | eipt for Merchandise COD                                               | isn .                                       |                                                                                                                                                                                          |                                       | ceipt for Merchandise COD                                              |
|                                                                                                                                                               | 7. Date of De                |                                                                        | - Įo                                        |                                                                                                                                                                                          | 7. Date of De                         | elivery                                                                |
|                                                                                                                                                               | 5                            | -22-00                                                                 | , you                                       |                                                                                                                                                                                          |                                       | - 22-00                                                                |
| Received By: (Print Name)                                                                                                                                     | 8. Addressee<br>fee is paid  | 's Address (Only if requested and                                      | hank                                        | 5. Received By: (Print Name)                                                                                                                                                             | 8. Addresse<br>fee is paid            | e's Address (Only if requested and                                     |
| Signature (Addressee or Agent)                                                                                                                                | , , ,                        |                                                                        | F                                           | Signature (Addressee on Agent)                                                                                                                                                           |                                       |                                                                        |
| S Form <b>3811</b> , December 1994                                                                                                                            | 102595-99                    | -B-0223 Domestic Return Receipt                                        | •                                           | PS Form 3811, December 1994                                                                                                                                                              | 102595-9                              | 9-8-0223 Domestic Return Receip                                        |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                         |                              |                                                                        | •                                           |                                                                                                                                                                                          |                                       |                                                                        |
| ENDER:                                                                                                                                                        |                              | I also wish to receive the follow-                                     | , cobe                                      | SENDER:                                                                                                                                                                                  |                                       | I also wish to receive the follow-                                     |
| Complete items 1 and/or 2 for additional services.                                                                                                            |                              | ing services (for an extra fee):                                       | eis c                                       | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                      |                                       | ing services (for an extra fee):                                       |
| Complete items 3, 4a, and 4b.<br>I Print your name and address on the reverse of this form so that we                                                         | can return this              |                                                                        | e e                                         | Print your name and address on the reverse of this form so the card to you                                                                                                               | it we can return this                 | 1. 🔲 Addressee's Address                                               |
| card to you.<br>] Attach this form to the front of the mailpiece, or on the back if space                                                                     | e does not                   | 1.      Addressee's Address     2.      Restricted Delivery            | Service                                     | Attach this form to the front of the mailpiece, or on the back if                                                                                                                        | space does not                        | 2.  Restricted Delivery                                                |
| permit.<br>1 Write <i>"Return Receipt Requested"</i> on the mailplece below the articl<br>1 The Return Receipt will show to whom the article was delivered an | le number.<br>Id the date    | 2. D Restricted Dervery                                                | ä į                                         | Write "Return Receipt Requested" on the mailpiece below the<br>D The Peturn Receipt will show to whom the adicle was deliver.                                                            | article number.<br>ad and the date    |                                                                        |
| delivered.<br>Article Addressed to:                                                                                                                           | 4a. Article Nu               |                                                                        | Rec                                         | 3. Article Addressed to:                                                                                                                                                                 | 4a. Article Nu                        |                                                                        |
| Arturo Rubio                                                                                                                                                  | 251                          | 1007508                                                                |                                             | Roman Alvarado                                                                                                                                                                           | 4b. Service T                         | TTUCH USE                                                              |
| 200 11/ 22                                                                                                                                                    | 4b. Service T                |                                                                        | Ret                                         | Roman Alvarado<br>403 W. Temple                                                                                                                                                          | Registered                            |                                                                        |
| Habba NIM con to                                                                                                                                              | Express M                    |                                                                        | using                                       | Hobbs, NM 88240                                                                                                                                                                          | Express N                             |                                                                        |
|                                                                                                                                                               |                              | eipt for Merchandise 🔲 COD                                             | u for using                                 |                                                                                                                                                                                          |                                       | eipt for Merchandise COD                                               |
|                                                                                                                                                               | 7. Date of De                |                                                                        |                                             |                                                                                                                                                                                          | ری<br>وز                              | livery<br>- 22-00                                                      |
|                                                                                                                                                               |                              | -22-00                                                                 | ink you                                     | 5. Received By: (Print Name)                                                                                                                                                             |                                       | 's Address (Only if requested and                                      |
| . Received By: (Print Name)                                                                                                                                   | 8. Addressee<br>fee is paid; | 's Address (Only if requested and<br>)                                 | Thank                                       | 5. Received by: (Frinci Name)                                                                                                                                                            | fee is paid,                          |                                                                        |
| Signature (Addressee or Agent)                                                                                                                                |                              |                                                                        |                                             | 6. Signature (Addressee or Agent)                                                                                                                                                        |                                       |                                                                        |
| SForm 3811, December 1994                                                                                                                                     | 102595-99                    | 9-8-0223 Domestic Return Receipt                                       | · (                                         | PS Form 3811, December 1994                                                                                                                                                              | 102595-99                             | 9-8-0223 Domestic Return Receipt                                       |
|                                                                                                                                                               |                              |                                                                        | •                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                    |                                       |                                                                        |
| SENDER:                                                                                                                                                       |                              | Loloo with the second we the follow                                    |                                             | SENDER:                                                                                                                                                                                  | ·····                                 |                                                                        |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                           |                              | I also wish to receive the follow-<br>ing services (for an extra fee): |                                             | Complete items 1 and/or 2 for additional services.                                                                                                                                       |                                       | I also wish to receive the follow-<br>ing services (for an extra fee): |
| Print your name and address on the reverse of this form so that w<br>card to you.                                                                             |                              | 1.  Addressee's Address                                                | ė                                           | Difference in the state and address on the reverse of this form so the card to you.                                                                                                      | at we can return this                 | 1.  Addressee's Address                                                |
| Attach this form to the front of the mailpiece, or on the back if space<br>permit.                                                                            |                              | 2. C Restricted Delivery                                               | ervic                                       | Call to you. Attach this form to the front of the mailpiece, or on the back if permit.                                                                                                   | space does not                        | 2. C Restricted Delivery                                               |
| Write "Return Receipt Requested" on the mailpiece below the artic<br>The Return Receipt will show to whom the article was delivered a<br>delivered.           | cle number.<br>Ind the date  |                                                                        | seipt Service.                              | <ul> <li>Definition</li> <li>Write "Return Receipt Requested" on the mailpiece below the</li> <li>The Return Receipt will show to whom the article was deliver<br/>delivered.</li> </ul> | article number.<br>ed and the date    |                                                                        |
| Article Addressed to:                                                                                                                                         | 4a. Article N                | umber                                                                  | - 29 -                                      | 3. Article Addressed to:                                                                                                                                                                 | 4a. Article Nu                        | Imber Contraction                                                      |
|                                                                                                                                                               | 257                          | 1009562                                                                |                                             | Susie R. Martinez                                                                                                                                                                        | 25                                    | 11009629                                                               |
| Oscar E. Tello                                                                                                                                                | 4b. Service                  |                                                                        | - Jetu                                      | 210 W. Temple                                                                                                                                                                            | 4b. Service T                         |                                                                        |
| 305 W. Temple                                                                                                                                                 | Registere     Express N      | <b>L</b>                                                               | 1 Bu                                        | Hobbs, NM 88240                                                                                                                                                                          | Registered     Express N              |                                                                        |
| Hobbs, NM 88240                                                                                                                                               |                              | ceipt for Merchandise                                                  | isi .                                       |                                                                                                                                                                                          |                                       | eipt for Merchandise                                                   |
|                                                                                                                                                               | 7. Date of De                |                                                                        | - 5                                         |                                                                                                                                                                                          | 7. Date of De                         |                                                                        |
|                                                                                                                                                               | 3                            | -22-00                                                                 | N.                                          |                                                                                                                                                                                          | 2                                     | -32-00                                                                 |
| . Received By: (Print Name)                                                                                                                                   | 8. Addressee<br>fee is paid  | e's Address (Only if requested and                                     | Thank you for using Return Receipt Service. | 5. Received By: (Print Name)                                                                                                                                                             | 8. Addressee<br>fee is paid           | 's Address (Only if requested and                                      |
| Signature (Addressee or Agent)                                                                                                                                |                              | ,                                                                      | E ; 6                                       | 5 Signature (Addressee or Agent)                                                                                                                                                         |                                       | ,                                                                      |
| No Koutha J. Lelle                                                                                                                                            |                              |                                                                        |                                             | X Marliner Marlinen                                                                                                                                                                      | 1                                     |                                                                        |
| PS Form 3811, December 1994                                                                                                                                   | 102595-9                     | 9-B-0223 Domestic Return Receipt                                       |                                             | PS Forth 3811, December 1994                                                                                                                                                             | 102595-99                             | 9-8-0223 Domestic Return Receipt                                       |
|                                                                                                                                                               |                              |                                                                        | , L                                         | <i>y</i>                                                                                                                                                                                 |                                       |                                                                        |
|                                                                                                                                                               |                              |                                                                        |                                             |                                                                                                                                                                                          |                                       |                                                                        |
| •                                                                                                                                                             |                              |                                                                        |                                             |                                                                                                                                                                                          |                                       |                                                                        |

| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the an<br>D The Return Receipt Requested' on the mailpiece was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t we can return this pace does not article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o wish to receive the follow-<br>services (for an extra fee):<br>] Addressee's Address<br>] Restricted Delivery | ceipt Service.<br>on the reverse side?                         | Complete items 1 and/or 2 for additional services.     Complete items 4, a, and 4b.     Print your name and address on the reverse of this form :     card to you.     Attach this form to the front of the mailpiece, or on the ba     permit.     Write 'Return Receipt Requested' on the mailpiece below     The Other Receipt Requested' on the mailpiece below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ck if space does not                                                                                                                                                                                                      | I also wish to receive the following services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Délivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Article Addressed to;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 00662                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4a. Article Nu                                                                                                                                                                                                            | mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Lonnie G Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>UMBS</u>                                                                                                     | - 10                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Z                                                                                                                                                                                                                         | 577 009 711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Etollia Scantling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | l Retur<br>compl                                               | Henry Q Gutierrez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b. Service T                                                                                                                                                                                                             | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Star Rt A Box 102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | . D. <sup>U</sup>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registered                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Return Receipt for N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | RES                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Express M                                                                                                                                                                                                                 | ail Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 | u for usin                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Date of Per                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - 2200                                                                                                          |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           | 77. [6]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. Received By: (Print Name)<br>RUSSIECL G-141LL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8. Addressee's Addr<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ess (Only if requested and                                                                                      | Thank yo                                                       | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Addressee<br>fee is paid                                                                                                                                                                                               | Address Only inequested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | /onr                                                           | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | `                                                                                                                                                                                                                         | WN NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 102595-99-B-0223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Domestic Return Receipt                                                                                         | Ś                                                              | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99                                                                                                                                                                                                                 | -B-0223 Domestic Return Recei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | wish to receive the follow-<br>ervices (for an extra fee):                                                      | celpt Service.<br>on the reverse side?                         | SENDER:<br>Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | e ŝ                                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | that we can return this                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Addressee's Address                                                                                             | Service<br>le reveri                                           | card to you. Attach this form to the front of the mailpiece, or on the bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | k if space does not                                                                                                                                                                                                       | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| permit.<br>U Write "Return Receipt Requested" on the mailpiece below the art                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ( <sup>2</sup> . 🗆                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | her Sei                                                        | permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the article number.                                                                                                                                                                                                       | 2. 🔲 Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| D The Return Receipt will show to whom the article was delivered a<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | eipt<br>on t                                                   | The Return Receipt will show to whom the article was deli<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | vered and the date                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | $\mathcal{O}$                                                                                                   | Receipt<br>ted on tl                                           | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4a. Article Nur                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Deborah A. Rhoads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UM343                                                                                                           | Thank you for using Return Red<br>RETURN ADDRESS completed     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.57<br>4b. Service Ty                                                                                                                                                                                                    | 1007001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Mark Rhoads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Certified                                                                                                       | Ret                                                            | Jaime Baeza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registered                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| P O Box 1271                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insured                                                                                                         | using<br>RESS.(                                                | Yoland Baeza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Express M                                                                                                                                                                                                                 | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Hobbs, NM 882411271                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Return Receipt for M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | terchandise COD                                                                                                 | sn H                                                           | 304 West Rainbow<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Return Rece                                                                                                                                                                                                               | ipt for Merchandise 🛛 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 | u for<br>ADD                                                   | 10003, 1111 00210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. Date of Del                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3-22-00                                                                                                         | Thank you<br>RETURN A                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           | 22-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee's Addre<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ess (Only if requested and                                                                                      | hanl                                                           | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Addressee<br>fee is paid)                                                                                                                                                                                              | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HAGIE D. Khoads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 | F 64                                                           | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6 Signature (Addressee or Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | Į.                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. Signature (Addressee pragat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ange Mhouds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 102595-99-8-0223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Domestic Return Receipt                                                                                         | <u>s</u>                                                       | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 102595-99                                                                                                                                                                                                                 | B-0223 Domestic Return Recei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6. Signature (Addressee or Agen)<br>PS Form <b>/3811,</b> December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 102595-99-8-0223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Domestic Return Receipt                                                                                         | ŝ                                                              | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99                                                                                                                                                                                                                 | B-0223 Domestic Return Recei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ·- ·· ·                                                                                                         | e? Is                                                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 102595-99                                                                                                                                                                                                                 | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | l also                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Domestic Return Receipt                                                                                         | side? Is                                                       | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99                                                                                                                                                                                                                 | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also<br>ing se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | wish to receive the follow-<br>rvices (for an extra fee):                                                       | . 93                                                           | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ve can return this<br>1. □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address                                | rvice.<br>everse                                               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | that we can return this                                                                                                                                                                                                   | I also wish to receive the follow<br>ing services (for an extra fee):<br>1. □ Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mallpiece, or on the back if space permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ve can return this<br>ice does not<br>2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address                                | rvice.<br>everse                                               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Faturn Receipt Requested' on the mailpiece below i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | that we can return this<br>if space does not<br>he article number.                                                                                                                                                        | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spar<br>permit.<br>Write "Return Receipt Requested" on the mailpiece below the artic<br>The Return Receipt Will show to whom the anticle was delivered a<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | l also<br>ing se<br>ve can return this<br>ice does not<br>icle number.<br>and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address                                | rvice.<br>everse                                               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | that we can return this<br>if space does not<br>he article number.<br>ered and the date                                                                                                                                   | I also wish to receive the following services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spar<br>permit.<br>Write "Return Receipt Requested" on the mailpiece below the artic<br>The Return Receipt Will show to whom the anticle was delivered a<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ve can return this<br>ice does not<br>2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | Receipt Service.<br>sted on the reverse                        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below is<br>The Return Receipt Reguested' on the mailpiece was defined<br>the resturn Receipt and the source was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show to whom the arctice was defined<br>the resturn Receipt will show the arctice was defined<br>the resturn Receipt will sh | that we can return this<br>if space does not<br>he article number,<br>ered and the date<br>4a. Article Nun                                                                                                                | I also wish to receive the following services (for an extra fee):  I.  Addressee's Address  C.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b, Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Mile show to whom the anticle was delivered a delivered. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ve can return this<br>uce does not<br>ide number,<br>and the date<br>4a. Anticle Number<br>2077                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | Receipt Service.<br>sted on the reverse                        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | that we can return this<br>if space does not<br>he article number,<br>ered and the date<br>4a. Article Nun<br>Z E                                                                                                         | I also wish to receive the follow<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 43, and 40. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the artic I The Return Receipt Requested" on the article was delivered a delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also<br>ing se<br>ve can return this<br>ice does not<br>icle number.<br>and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | Return Receipt Service.<br>completed on the reverse            | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>parmit.<br>Write 'Ratum Receipt Requested' on the mailpiece below I<br>The Retum Receipt will show to whom the article was dein<br>delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | that we can return this<br>if space does not<br>he article number,<br>ered and the date<br>4a. Article Nun                                                                                                                | I also wish to receive the follow<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PS Form/3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the article<br>the Return Receipt Requested' on the mailpiece below the article<br>delivered.<br>Atticle Addressed to:<br>Rosa R. Martinez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ve can return this<br>ice does not<br>icle number.<br>and the date<br>4a. Article Number<br>2077<br>4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | Return Receipt Service.<br>completed on the reverse            | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>the Return Receipt Requested' on the mailpiece below i<br>delivered.<br>3. Article Addressed to:<br>Alfredo Mojica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Nun<br>2<br>4b. Service Ty<br>Registered<br>C Express Ma                                                           | I also wish to receive the follow<br>ing services (for an extra fee):<br>1 Addressee's Address<br>2 Restricted Delivery<br>nber<br>5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 1, and/or 2 for additional services. Complete items 1, and/or 2 for additional services. Complete items 1, and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items 1, and/or 2 for additional services. Complete items 1, and/or 2, and/or 2, and/or 2, and/or 2, and/or 2, and/or | ve can return this<br>ice does not<br>icle number.<br>and the date<br>4a. Article Number<br>2077<br>4b. Service Type<br>□ Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | using Return Receipt Service.<br>RESS completed on the reverse | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>the Return Receipt Will show to whom the anticle was dein<br>delivered.<br>3. Article Addressed to:<br>Alfredo Mojica<br>121 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Nun<br>2<br>4b. Service Ty<br>Registered<br>C Express Ma                                                           | I also wish to receive the following services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 1, and/or 2 for additional services. Complete items 1, and/or 2 for additional services. Complete items 1, and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items 1, and/or 2 for additional services. Complete items 1, and/or 2, and/or 2, and/or 2, and/or 2, and/or 2, and/or | A Anticle Number<br>4a. Anticle Number<br>A Anticle Number<br>4b. Service Type<br>Registered<br>Express Mail<br>Fuetum Receipt for Ma<br>7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | using Return Receipt Service.<br>RESS completed on the reverse | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>the Return Receipt Will show to whom the anticle was dein<br>delivered.<br>3. Article Addressed to:<br>Alfredo Mojica<br>121 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Nun<br>2<br>4b. Service Ty<br>Registered<br>C Express Ma                                                           | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ber  ber  certified  il  il  code  |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spar<br>parmit.<br>Write 'Return Receipt Will show to whom the article was delivered a<br>delivered.<br>Article Addressed to:<br>Rosa R. Martinez<br>402 Shipp Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ve can return this<br>ice does not<br>icle number,<br>and the date<br>4a. Article Number<br>20077<br>4b. Service Type<br>☐ Registered<br>☐ Express Mail<br>7. Date of Delivery<br>3. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | using Return Receipt Service.<br>RESS completed on the reverse | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so card to you.         Attach this form to the front of the mailpiece, or on the back permit.         Write 'Return Receipt Requested' on the mailpiece below in the Return Receipt Requested' on the anticle was delived in the Return Receipt Requested's on the anticle was delived elivered.         3. Article Addressed to:         Alfredo Mojica         121 W. Castle         Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Nun<br>4b. Service Ty<br>Registered<br>Express Ma<br>Article Nun<br>7. Date of Delin                               | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  her  Control Control  Restricted Delivery  her  Control  C |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spar<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the artic<br><b>Dra Return Receipt Will show to whom the article was delivered a</b><br>delivered.<br>Article Addressed to:<br>Rosa R. Martinez<br>402 Shipp Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A Article Number<br>A Article Number<br>A Article Number<br>A Article Number<br>A Begistered<br>Express Mail<br>A Addressee's | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | using Return Receipt Service.<br>RESS completed on the reverse | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Faturn Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>Attach the form the front of the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>The Return Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Receipt Requested on the mailpiece below i<br>Attach the form Receipt Recei                       | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Nun<br>4b. Service Ty<br>Registered<br>Express Ma<br>Article Nun<br>7. Date of Delin                               | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ber  ber  certified  il  il  code  |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the malipiece, or on the back if space permit. Write "Return Receipt Will show to whom the article was delivered a delivered. Article Addressed to: Rosa R. Martinez 402 Shipp Dr Hobbs, NM 88240 S. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ve can return this<br>ice does not<br>icle number,<br>and the date<br>4a. Article Number<br>20077<br>4b. Service Type<br>☐ Registered<br>☐ Express Mail<br>7. Date of Delivery<br>3. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | Receipt Service.<br>sted on the reverse                        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>Attach the form and the second of the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the Receipt Receipt Requested on the mailpiece below i<br>Attach the Receipt Requested on the mailpiece below i<br>Attach the Receipt Requested on the mailpiece below i<br>Attach the Receipt Receipt Requested on the mailpiece below i<br>Attach the Receipt Receipt Requested on the mailpiece below i<br>Attach the Receipt Receipt Requested on the mailpiece below i<br>Attach the Receipt                                   | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Num<br>2 5<br>4b. Service Ty<br>C Registered<br>D Express Ma<br>Arteum Recei<br>7. Date of Defin<br>8. Addressee's | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  her  Control Control  Restricted Delivery  her  Control  C |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to your on the the front of the mailpiece, or on the back if space<br>permit.<br>Write 'Return Receipt Hill show to whom the article was delivered a<br>delivered.<br>3. Article Addressed to:<br>Rosa R. Martinez<br>402 Shipp Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A Article Number<br>A Article Number<br>A Article Number<br>A Article Number<br>A Begistered<br>Express Mail<br>A Addressee's | wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery         | using Return Receipt Service.<br>RESS completed on the reverse | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back<br>permit.<br>Write 'Faturn Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>The Return Receipt Requested' on the mailpiece below i<br>Attach the form the front of the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>The Return Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Requested on the mailpiece below i<br>Attach the form Receipt Receipt Requested on the mailpiece below i<br>Attach the form Receipt Recei                       | that we can return this<br>if space does not<br>he article number.<br>ered and the date<br>4a. Article Num<br>2 5<br>4b. Service Ty<br>C Registered<br>D Express Ma<br>Arteum Recei<br>7. Date of Defin<br>8. Addressee's | I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  her  Control Control  Restricted Delivery  her  Control  C |

•

. . . . . . . . -----SENDER: ide? I also wish to receive the follow-SENDER: I also wish to receive the follow-Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b, Print your name and address on the reverse of this form so that we can return this ing services (for an extra fee): Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. A ttach this form to the front of the mailpiece, or on the back if space does not ing services (for an extra fee); 1. 
Addressee's Address Service. and to you. 1. 
Addressee's Address 2. 
Restricted Delivery permit. □ Write *\*Return Receipt Requested\** on the mailpiece below the article number. □ The Return Receipt will show to whom the article was delivered and the date 2. 
Restricted Delivery Articul files form very and the mailpiece below the article number
 permit.
 Write 'Return Receipt Requested' on the mailpiece below the article number
 The Return Receipt will show to whom the article was delivered and the date ţ Receipt 5 delivered. delivered. 3. Article Addressed to: 3. Article Addressed to: 4a. Article Number completed 4a. Article Number Z 511 4b. Service Type 745 2 517 009 PQ  $\gamma($ Return Olson Plunk 4b. Service Type Tersa De Jesus Mejorado Southwestern Public Service Registered Certified 1237 S. Cochran Rertified Registered RETURN ADDRESS laing P. O. Box-1261 Express Mail Insured Hobbs, NM 88240 Express Mail 1 Insured Amarillo, TX 79170 Return Receipt for Merchandise COD Return Receipt for Merchandise COD <u>5</u> 7. Date of Delivery 7. Date of Delivery - UAR 2000 hank you つつ :00 5. Received By: (Print Name 8. Addressee's Address (Only if requested and 8. Addressee's Address (Only if requested and Received By: (Print Name) 6. Signature (Addressee of Agent) HUNTEr fee is paid) fee is paid) teresa 1 JOIND <u>Jour</u> ture (Addressee or Agent) Tuarez n Min I Teresa D Ś PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt m 3811, December 1994 102595-99-B-0223 Domestic Return Receipt side? SENDER: I also wish to receive the follow-SENDER: I also wish to receive the follow-Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. D Print your name and address on the reverse of this form so that we can return this ing services (for an extra fee); Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. J Attach this form to the front of the mailpiece, or on the back if space does not ing services (for an extra fee): everse Service. card to you. 1. 
Addressee's Address 1. 
Addressee's Address 2. C Restricted Delivery permit. □ Write *\*Return Receipt Requested\** on the mailpiece below the article number. □ The Return Receipt will show to whom the article was delivered and the date 2. C Restricted Delivery ĥ permit. Write "Return Receipt Requested" on the mailpiece below the article number The Return Receipt will show to whom the article was delivered and the date Receipt 5 delivered. 3. Article Addressed to: a. Article Numbe 4a. Article Number 2577009 65 completed 3. Article Addressed to: 2.577 4b. Service Type n9 loi Return **Frank Pierce Bobby B Hamlett** 4h. Service Type Ret Eulene Pierce Certified Registered Rov Wavne Hamlett C Registered **RETURN ADDRESS** l Guisu 1513 North San Mateo Ising Express Mail Insured PO Box 814 Express Mail . Insured Hobbs, NM 88240 Return Receipt for Merchandise 🔲 COD Actum Receipt for Merchandise Hobbs, NM 88241 ð <u>5</u> 7. Date of Delivery 7. Date of Deliverv 21-00 7 Thank you 2 HAMLETT 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and Thank Ceived By: (Print Name) Calle Ham 8. Addressee's Address (Only if requested and fee is paid) fee is paid) 6. Signature (Addressee or Agent) Vour 6. Signature (Addressee or Agent) Une. d.d. ø PS Form 3811, December 1994 Domestic Return Receipt Domestic Return Receipt 102595-99-8-0223 PS Form 3811, December 1994 102595-99-B-0223 side? SENDER: I also wish to receive the follow-SENDER I also wish to receive the follow-Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. A Attach this form to the front of the malipiece, or on the back if space does not ing services (for an extra fee): Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. D Print your name and address on the reverse of this form so that we can return this ing services (for an extra fee): reverse Service 1. Addressee's Address □ Print your name and address on the reverse of the second states of th 1. Addressee's Address Service 2. C Restricted Delivery permit. D Write "Return Receipt Requested" on the mailpiece below the article number. D The Return Receipt will show to whom the article was delivered and the date delivered. 2. C Restricted Delivery ŝ Write "Return Receipt Requested" on the mailplece below the article number.
 The Return Receipt will show to whom the article was delivered and the date 5 Receipt delivered 3. Article Addressed to: a. Article Number RETURN ADDRESS\_completed 3. Article Addressed to: 4a. Article Number Z 577009 555 Z 57 **i'b**lo(e Guerrero Caballero Michael T Bostick Return 4b. Service Type 4b. Service Type 2207 N. Breckon 2422 W. Kansas C Registered Registered Certified Hobbs, NM 88240 Hobbs, NM 88240 using I Insured Ising Express Mail 🗇 Express Mail Return Receipt for Merchandise □ COD Return Receipt for Merchandise 5 ğ 7. Date of Delivery 7. Date of Delivery 22 ğ You 5. Received By: (Print Name) 8. Addressee's Address (Only if request Thank ted and Thank) 3. Addressee's Address (Only if requested and <u>|<u>| 4 6</u></u> fee is paid) 10 fee is paid) 6. Signature (Addressee of Agent) ature (A 100 chall. PS Form 3811, December 1994 Domestic Return Receipt 102595-99-8-0223 PS Form 3811, December Domestic Return Receipt 102595-99-B-0223

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                | *                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the malipiece below the article<br>The Return Receipt will show to whom the article was delivered an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | a does not 2. [] Restricted Delivery                                                                                                           |                                                                                   | Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so 1<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back<br>permit.<br>□ The <i>Return Receipt Requested</i> on the mailpiece below it<br>□ The <i>Return Receipt Requested</i> .                                                                                                        | if space does not<br>le article number.                                                  | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                           |
| Tommie J. Wormly<br>406 S. Shipp Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4a. Article Number<br>2.677.009.586<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for Merchandise<br>7. Date of Delivery | u for using Return Rec<br>ADDRESS completed                                       | 3. Article Addressed to:<br>George W. Deyarmon IV<br>311 West Shipp<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                              | 4a_Article N<br>4b. Service 1<br>Registere<br>Express N<br>Pretum Rec<br>7. Date of Dec  | 1     009     6     7     9       ype                                                                                  |
| 5. Received By: (Print Name)<br>7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8. Addressee's Address (Only if requested<br>fee is paid)<br>102595-99-B-0223 Domestic Return Re                                               | s youry That                                                                      | 5. Received By: (Pint Name)<br>5. Signature (Addressee or Agen)<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                      | Addressee<br>fee is paid                                                                 |                                                                                                                        |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I also wish to receive the folio<br>ing services (for an extra fee)                                                                            | rvice                                                                             | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so th<br>card to you.                                                                                                                                                                                                                                     |                                                                                          | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address                      |
| Card to you.<br>D Attach this form to the front of the mailpiece, or on the back if space or<br>permit.<br>D Write 'Return Receipt Requested' on the mailpiece below the article<br>D The Return Receipt will show to whom the article was delivered and<br>or the the state of the | does not 2.  Restricted Delivery number.  the date                                                                                             | Sei                                                                               | Attach this form to the front of the mailpiece, or on the back if permit.     Write 'Return Receipt Requested' on the mailpiece below the     The Return Receipt Will show to whom the article was delive delivered.     Article Addressed to:                                                                                                                                                                      | e article number.<br>red and the date<br>4a. Article Nu                                  |                                                                                                                        |
| Article Addressed to:<br>Sterling Carrigan 4<br>Co BL & Gladys Thorp 5<br>401 E Stanolind Rd 5<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a. Afficie Number b. Service Type Begistered Express Mail Return Receipt for Merchandise COD Date of Delivery                                  | A     A       hank you tor using Return Receipt       BETURN ADDRESS completed on | David Soria<br>1609 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                   | 4b. Service T<br>Registered<br>Express M<br>Retum Rec<br>7. Date of De                   | ail Content field                                                                                                      |
| <u>S. Refeived</u> By: (Print: Name)<br><u>G. L.A.J. y.S. T. H.O.Y.</u><br><u>S. Sighature (Addressee or Agenti)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Addressee's Address (Ofily if requested a fee is paid)                                                                                      | Thank y<br>Is your <u>RETUF</u>                                                   | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                   | fee is paid)                                                                             |                                                                                                                        |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99-B-0223 Domestic Return Re                                                                                                            | ceipt .                                                                           | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                 | 102595-99                                                                                | -B-0223 Domestic Return Receipt                                                                                        |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we car<br>ard to you.<br>Attach this form to the front of the mailpiece, or on the back if space do<br>permit.<br>Write <i>Return Receipt Requested</i> on the mailpiece below the article m<br>Write <i>Return Receipt Requested</i> on the mailpiece below the article m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. C Restricted Delivery                                                                                                                       | on the reverse                                                                    | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if a<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the.<br>The Return Receipt will show to whom the article was delivered<br>delivered. | pace does not<br>article number.<br>d and the date                                       | I also wish to receive the follow-<br>ing services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery |
| BL Thorp 4b.<br>Trust 401 E Stanolind Rd 48240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Article Number<br>2 Sorvice Type<br>Registered<br>Express Mail<br>Relum Receipt for Merchandise<br>Date of Delivery                            | K                                                                                 | 3. Article Addressed to:<br>David Soria<br>1611 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                       | 4a. Article Nun<br>251<br>4b. Service Ty<br>Registered<br>Express Ma<br>7. Date of Deliv | pe Certified<br>il Insured<br>pt for Merchandise COD                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Addressee's Address (Ønly if requested an fee is paid)                                                                                         | your                                                                              | 5. Received By: (Print Name)<br>Access Service<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                 | 8. Addressee's fee is paid)                                                              | Address (Only if requested and                                                                                         |
| S Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 102595-99-B-0223 Domestic Return Rec                                                                                                           |                                                                                   | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99-6                                                                              | 3-0223 Domestic Return Receipt                                                                                         |

**,** 

i

| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SENDER:                                                                                                                                                                                                   |                                                                                                             | I also wish to receive the follow                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                            | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                       |                                                                                                             | ing services (for an extra fee):                                                                                                                 |
| Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            | 1. □ Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | card to you.                                                                                                                                                                                              |                                                                                                             | 1. Addressee's Address                                                                                                                           |
| Attach this form to the front of the mailpiece, or on the back if sp<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            | 1. □ Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n permit.                                                                                                                                                                                                 |                                                                                                             | 2.  Restricted Delivery                                                                                                                          |
| Write "Return Receipt Requested" on the mailpiece below the ar<br>The Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rticle number.<br>I and the date                                                                                                                           | pt v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul> <li>permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below</li> <li>D The Return Receipt will show to whom the article was de delivered.</li> </ul>                                | w the article number.<br>alivered and the date                                                              |                                                                                                                                                  |
| Inticle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4a. Article Nu                                                                                                                                             | mber a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3. Article Addressed to:                                                                                                                                                                                  | 4a. Article Nu                                                                                              | Imber                                                                                                                                            |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 125                                                                                                                                                        | 77009 656 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a Ramon C. Orona                                                                                                                                                                                          | 25                                                                                                          | 17009690                                                                                                                                         |
| Daniel J. Tucker<br>1020 E. Kansas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4b. Service T                                                                                                                                              | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Glenn & Chause                                                                                                                                                                                            | 4b. Service T                                                                                               |                                                                                                                                                  |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registered                                                                                                                                                 | Pre-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 406 West Rainbow                                                                                                                                                                                          | Registered                                                                                                  | (                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Express M                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hobbs, NM 88240                                                                                                                                                                                           | Express M                                                                                                   |                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                   | \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                           |                                                                                                             | eipt for Merchandise COD                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Del                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2<br>2                                                                                                                                                                                                    | 7. Date of De                                                                                               |                                                                                                                                                  |
| eceived By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Addressee'                                                                                                                                              | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Received By: (Print Name)                                                                                                                                                                              |                                                                                                             | s Address (Only if requested and                                                                                                                 |
| Daniel Tucker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee is paid)                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | # Aveling Orong                                                                                                                                                                                           | fee is paid)                                                                                                |                                                                                                                                                  |
| grature (Addressee pr Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                                                                          | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. Signature (Addressee or Agent)                                                                                                                                                                         |                                                                                                             |                                                                                                                                                  |
| Caniel Jucker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | " (Celenii Orona                                                                                                                                                                                          |                                                                                                             |                                                                                                                                                  |
| orm 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-                                                                                                                                                 | B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PS Form 3811, December 1994                                                                                                                                                                               | 102595-99                                                                                                   | -8-0223 Domestic Return Receipt                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                                                                                                             |                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                                                                                                             |                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SENDER:                                                                                                                                                                                                   |                                                                                                             |                                                                                                                                                  |
| NDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | i                                                                                                                                                          | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SENDER:                                                                                                                                                                                                   |                                                                                                             | I also wish to receive the follow<br>ing services (for an extra fee):                                                                            |
| omplete items 1 and/or 2 for additional services.<br>omplete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete items 3, 4a, and 4b.                                                                                                                                                                             | that we can return this                                                                                     | • • •                                                                                                                                            |
| rint your name and address on the reverse of this form so that and to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            | 1 🖸 Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form s     card to you.     Card to you.     Card to you.     Card to you.                                           |                                                                                                             | 1. Addressee's Address                                                                                                                           |
| ttach this form to the front of the mailpiece, or on the back if spannit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            | 1. □ Addressee's Address     0       2. □ Restricted Delivery     0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Aladia has form to the provide the mainplete, of or the base     permit.     D Write "Return Receipt Alequested" on the mailplete below     D Write "Return Receipt will chow to whom, the acticle was de |                                                                                                             | 2. 🗌 Restricted Delivery                                                                                                                         |
| Inte "Return Receipt Requested" on the mailpiece below the ar<br>he Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ticle number.<br>and the date                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D The Return Receipt will show to whom the article was de delivered.                                                                                                                                      | livered and the date                                                                                        |                                                                                                                                                  |
| alivered.<br>rticle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a. Article Nu                                                                                                                                             | mber<br>7 00 9 605<br>/pe<br>defertified<br>ail Insured Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a Article Addressed to:                                                                                                                                                                                   | 4a. Article Nu                                                                                              | mber                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.57                                                                                                                                                       | 7009 605 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Article Addressed to:<br>Charles Cowger<br>Charles Cowger<br>Charles Cowger                                                                                                                            | 257                                                                                                         | 7009618                                                                                                                                          |
| Glenn Nance<br>114 W Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b. Service Ty                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E Charles Cowger<br>8 Patricia Cowger                                                                                                                                                                     | 4b. Service Ty                                                                                              |                                                                                                                                                  |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registered                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           | Registered     Express M                                                                                    | •                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Express M                                                                                                                                                  | ail (□Insured 🛒                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hobbs, NM 88240                                                                                                                                                                                           | - •                                                                                                         | eipt for Merchandise COD                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 23 1601 South Turner<br>出 Hobbs, NM 88240<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日<br>日                                                                  | 7. Date of Del                                                                                              | iven nn dd                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Del                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                                                                                                             | 3.00                                                                                                                                             |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. Addressee                                                                                                                                               | S Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Received By: (Print Name)                                                                                                                                                                              |                                                                                                             | s Address (Only if requested and                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | fee is paid)                                                                                                                                               | Lhai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                           | fee is paid)                                                                                                |                                                                                                                                                  |
| ignature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                                          | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 6. Signature (Addressee or Agent)*                                                                                                                                                                      |                                                                                                             |                                                                                                                                                  |
| lynn Manac dertich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                                                                                                                                                                                  | 102595-99                                                                                                   | B-0223 Domestic Return Recei                                                                                                                     |
| Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 102595-99-                                                                                                                                                 | B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PS Form <b>3811</b> , December 1994                                                                                                                                                                       | 102090-99                                                                                                   | Biozza Bomosilo Hotam Hotai                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ۰                                                                                                                                                                                                         | ·                                                                                                           |                                                                                                                                                  |
| 1. The second se<br>Second second sec | · ····                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                                                                                                             |                                                                                                                                                  |
| NDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ···· · · ·                                                                                                                                                 | Lales with to provide the follow:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SENDER:                                                                                                                                                                                                   |                                                                                                             | I also wish to receive the follow                                                                                                                |
| mplete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ~                                                                                                                                                          | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete items 3, 4a, and 4b.                                                                                                                                                                             |                                                                                                             | ing services (for an extra fee):                                                                                                                 |
| mplete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e can return this                                                                                                                                          | <b>.</b> . , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                           | to that we can return this                                                                                  | 1. 🗖 Addressee's Address                                                                                                                         |
| nt your name and address on the reverse of this form so that w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            | 1. □ Addressee's Address     3       2. □ Restricted Delivery     5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I Attach this form to the front of the mailpiece, or on the back permit.                                                                                                                                  |                                                                                                             | 2. C Restricted Delivery                                                                                                                         |
| nt your name and address on the reverse of this form so that w<br>rd to you.<br>ach this form to the front of the mailoiece, or on the back if spar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                            | 2. 🗌 Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul> <li>permit.</li> <li>D Write "Return Receipt Requested" on the mailplece below</li> <li>D The Return Receipt will show to whom the article was de</li> </ul>                                         | the article number.<br>livered and the date                                                                 |                                                                                                                                                  |
| d to you.<br>ach this form to the front of the mailpiece, or on the back if spar<br>mit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |                                                                                                             | mhor                                                                                                                                             |
| d to you.<br>ach this form to the front of the mailpiece, or on the back if spar<br>mit.<br>Ie " <i>Return Receipt Requested</i> " on the mailpiece below the artii<br>Return Receipt will show to whom the article was delivered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cie number.                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | õ delivered.                                                                                                                                                                                              | do Articio Nu                                                                                               |                                                                                                                                                  |
| d to you.<br>ach this form to the front of the mailpiece, or on the back if spa<br>mit.<br>Ite " <i>Return Receipt Requested</i> " on the mailpiece below the anti<br>Is Return Receipt will show to whorn the article was delivered a<br>ivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cie number.                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | õ delivered.                                                                                                                                                                                              | 4a. Article Nu                                                                                              |                                                                                                                                                  |
| d to you.<br>act this form to the front of the mailpiece, or on the back if spar<br>mit.<br>Is <i>Return Receipt Requested</i> on the mailpiece below the artii<br>Return Receipt will show to whom the article was delivered a<br>vered.<br>Icle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cie number.<br>and the date<br>4a. Article Num<br>251                                                                                                      | Hecen to the second sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | õ delivered.                                                                                                                                                                                              | 4a. Article Nu<br>Z S<br>4b. Service T                                                                      | <u>1009 655</u>                                                                                                                                  |
| I to you.<br>to this form to the front of the mailpiece, or on the back if spar-<br>mit.<br>te 'Return Receipt Requested' on the mailpiece below the artii<br>Return Receipt will show to whom the article was delivered a<br>vered.<br>Cle Addressed to:<br>Jesus Rodriguez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the number.<br>and the date<br>4a. Article Nun<br>257<br>4b. Service Ty                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | 4b. Service Tr<br>□ Registered                                                                              | ppe Scertified                                                                                                                                   |
| I to you.<br>I to you.<br>The 'Return Receipt Requested' on the mailpiece, or on the back if spanning.<br>Return Receipt Will show to whom the anticle was delivered a<br>vered.<br>Cle Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | te number.<br>and the date<br>4a. Article Num<br>7.57<br>4b. Service Ty<br>☐ Registered                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | 4b. Service T<br>Registered<br>Express M                                                                    | ype<br>i ficertified<br>iail linsured                                                                                                            |
| d to you.<br>d to you.<br>sch this form to the front of the mailpiece, or on the back if spanning<br>the "Return Receipt Requested" on the mailpiece below the anti<br>Return Receipt will show to whom the article was delivered a<br>vered.<br>icle Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez<br>109 E. Palace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | te number.<br>and the date<br>4a. Article Nun<br>257<br>4b. Service Ty<br>Registered<br>Express Ma                                                         | nber<br>1009 059<br>pe<br>#Certified<br>il Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | ∠ 5<br>4b. Service T<br>□ Registered<br>□ Express M<br>€Phetum Rede                                         | ypeCertified<br>aiiInsured<br>appt for MerchandiseCOD                                                                                            |
| rd to you.<br>ach this form to the front of the mailpiece, or on the back if spar<br>mit.<br>is " <i>Halum Receipt Requested</i> " on the mailpiece below the anii<br>e Return Receipt will show to whom the article was delivered a<br>lice Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | te number.<br>and the date<br>4a. Article Nun<br>257<br>4b. Service Ty<br>Registered<br>Express Ma                                                         | hber<br>1 009 059<br>pee<br>PCertified<br>ii Insured<br>pt for Merchandise COD<br>terv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | 4b. Service T<br>Registered<br>Express M                                                                    | ypeCertified<br>aiiInsured<br>appt for MerchandiseCOD                                                                                            |
| d to you.<br>ach this form to the front of the mailpiece, or on the back if spar-<br>mit.<br>In <i>Pactum Receipt Requested</i> on the mailpiece below the anii<br>Return Receipt will show to whom the article was delivered a<br>ivered.<br>icle Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez<br>109 E. Palace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Nun<br>4a. Article Nun<br>257<br>4b. Service Ty<br>Registered<br>Express Ma<br>Return Recei                                                    | hber<br>1 009 059<br>pee<br>PCertified<br>ii Insured<br>pt for Merchandise COD<br>terv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | 4b. Service T<br>Registered<br>Express M<br>Return Reco<br>7. Date of Del                                   | ppeCertified<br>allInsured<br>appt for MerchandiseCOD<br>ivery                                                                                   |
| rd to you.<br>ach this form to the front of the mailpiece, or on the back if spar<br>mit.<br>is " <i>Return Receipt Requested</i> " on the mailpiece below the anti<br>e Return Receipt will show to whom the article was delivered a<br>ivered.<br>iccle Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez<br>109 E. Palace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | de number.<br>and the date<br>4a. Article Nun<br>2557<br>4b. Service Tyj<br>Registered<br>Express Ma<br>Chetum Recei<br>7. Date of Delin<br>8. Addressee's | hber<br>1 009 059<br>pee<br>PCertified<br>ii Insured<br>pt for Merchandise COD<br>terv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | 4b. Service T<br>Registered<br>Express M<br>Return Reco<br>7. Date of Del                                   | ype<br>Acertified<br>ail COD<br>livery<br>s Address (Only if requested and<br>big requested and<br>s Address (Only if requested and              |
| d to you.<br>d to you.<br>ach this form to the front of the mailpiece, or on the back if spar-<br>mit.<br>Is "Return Receipt Requested" on the mailpiece below the anii<br>Return Receipt will show to whom the article was delivered a<br>ivered.<br>icle Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez<br>109 E. Palace<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | te number.<br>and the date<br>4a. Article Nun<br>253<br>4b. Service Ty<br>Registered<br>Express Ma<br>Erletum Receij<br>7. Date of Deliv                   | hber<br>pe<br>Pe<br>Pe<br>Pe<br>Pe<br>Pertified<br>il Insured<br>pt for Merchandise COD<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv<br>Perv | 3. Article Addressed to:<br>Michael K. Graves<br>101 W. Castle<br>Hobbs, NM 88240<br>5. Received By: (Print Name)                                                                                         | 4b. Service T<br>Ab. Service T<br>Registerec<br>Express M<br>Pattern Reco<br>7. Date of Dei<br>8. Addressee | ype<br>- Certified<br>ail Insured<br>aipt for Merchandise COD<br>ivery<br>- S Address (Only if requested and<br>s Address (Only if requested and |
| d to you.<br>d to you.<br>ach this form to the front of the mailpiece, or on the back if spar-<br>mit.<br>Is "Return Receipt Requested" on the mailpiece below the anii<br>Return Receipt will show to whom the article was delivered a<br>ivered.<br>icle Addressed to:<br>Jesus Rodriguez<br>Velma Rodriguez<br>109 E. Palace<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | de number.<br>and the date<br>4a. Article Nun<br>2557<br>4b. Service Tyj<br>Registered<br>Express Ma<br>Chetum Recei<br>7. Date of Delin<br>8. Addressee's | hber<br>1 009 059<br>pee<br>PCertified<br>ii Insured<br>pt for Merchandise COD<br>terv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     delivered.       3. Article Addressed to:       4       5       4       5       101 W. Castle                                                                                                       | 4b. Service T<br>Ab. Service T<br>Registerec<br>Express M<br>Pattern Reco<br>7. Date of Dei<br>8. Addressee | ype<br>Acertified<br>ail COD<br>livery<br>s Address (Only if requested and<br>big requested and<br>s Address (Only if requested and              |

. .

----

| ENDER: 1 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b, 1 Print your name and address on the reverse of this form so that v card to you. 1 Attach this form to the front of the mailpiece, or on the back if spa permit. Write ' <i>Return Receipt Requested'</i> on the mailpiece below the ant 1 The Return Receipt will show to whom the article was delivered a delivered. Article Addressed to: Mark Dean Steve Cox 905 Debaca Hobbs, NM 88240 Received By: ( <i>Print Name</i> ) Mich Ve L Dourn Signature ( <i>Addresseb or Agent</i> ) | tee does not<br>ide number,<br>and the date<br>4a. Article Nur<br>2507<br>4b. Service Ty<br>Registered<br>Express Ma | 009 540                                                                | <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form succard to you.</li> <li>Attach this form to the front of the malipiece, or on the bac permit.</li> <li>Write 'Return Receipt Requested' on the malipiece below the return Receipt Requested' on the and the was defined to the return the complex to the return the additional services.</li> <li>Article Addressed to:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | k if space does not<br>the article number.                        | I also wish to receive the follow<br>ing services (for an extra fee):<br>1. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that v<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa<br>permit.<br>Write "Return Receipt Requested" on the mailpiece below the and<br>The Return Receipt will show to whom the article was delivered a<br>delivered.<br>Article Addressed to:<br>Mark Dean<br>Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Received By: (Print Name)<br>Mark Deau                                                                                        | tee does not<br>ide number,<br>and the date<br>4a. Article Nur<br>2507<br>4b. Service Ty<br>Registered<br>Express Ma | ,                                                                      | <ul> <li>Print your name and address on the reverse of this form so card to you.</li> <li>Attach this form to the front of the mailpiece, or on the bac permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below</li> <li>The featurn Receipt will show to whom the article was delivered.</li> <li>Article Addressed to:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | k if space does not<br>the article number.<br>ivered and the date | 1. C Addressee's Address                                                    |
| Article his form to the front of the mailpiece, or on the back if spa<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the arti-<br>The Return Receipt Will show to whom the article was delivered a<br>delivered.<br>Article Addressed to:<br>Mark Dean<br>Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Received By: (Print Name)                                                                                                                                                                                                                         | tee does not<br>ide number,<br>and the date<br>4a. Article Nur<br>2507<br>4b. Service Ty<br>Registered<br>Express Ma | 1. □ Addressee's Address<br>2. □ Restricted Delivery                   | DAttach this form to the front of the mailpiece, or on the bac<br>permit.     Determit.     Determit.     Difference of the the transformer of the mailpiece below<br>Difference of the transformer of the mailpiece below<br>Difference of the transformer of | the article number.<br>vered and the date                         | 1                                                                           |
| Mile Return Receipt Requested on the mailplace below the art<br>The Return Receipt will show to whom the article was delivered a<br>delivered.<br>Article Addressed to:<br>Mark Dean<br>Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Received By: (Print Name)                                                                                                                                                                                                                                                                                                                  | And the date<br>4a. Article Nur<br>2507<br>4b. Service Ty<br>Registered<br>Express Ma                                | <sup>2</sup> . □ Restricted Delivery                                   | permit.<br>Write 'Return Receipt Requested' on the mailpiece below<br>The Return Receipt will show to whom the article was deli<br>delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the article number.<br>vered and the date                         | 2.  Restricted Delivery                                                     |
| Article Addressed to:<br>Mark Dean<br>Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Received By: (Print Name)<br>MIC NO LE Dour                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Nur<br>2507<br>4b. Service Ty<br>Registered<br>Express Ma                                                | nber<br>009 540                                                        | □ The Return Receipt will show to whom the article was deli         delivered.         3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ivered and the date                                               |                                                                             |
| Mark Dean<br>Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Received By: ( <i>Print Name</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b. Service Ty<br>Registered                                                                                         | nber<br>009 540<br>pe                                                  | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4a. Article Nu                                                    |                                                                             |
| Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b. Service Ty<br>Registered<br>Express Ma                                                                           | 009 540                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>eceived By: (Print Name)<br>MC NC NC NC Down                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b. Service Ty<br>Registered<br>Express Ma                                                                           | pe                                                                     | Bobby B Hamlett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | $\frac{201}{1000000000000000000000000000000000$                   | 1004551                                                                     |
| 905 Debaca<br>Hobbs, NM 88240<br>leceived By: ( <i>Print Name</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Express Ma                                                                                                           |                                                                        | Bobby B Hamlett<br>PO Box 814                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4b. Service T                                                     |                                                                             |
| Hobbs, NM 88240<br>leceived By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | yz ertified                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Express N                                                         |                                                                             |
| Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Hoturn Dans                                                                                                          | ul / Insured                                                           | SEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | ceipt for Merchandise                                                       |
| MichelleDean                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I H LIGION LIGCEI                                                                                                    | pt for Merchandise 🔲 COD                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| MichelleDean                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7. Date of Deliv                                                                                                     | very                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. Date of De                                                     |                                                                             |
| MichelleDean                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | 3-22-00                                                                | ELLA HAMLET<br>5. Received By: (Print Name)<br>E Eles Hamlet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R Addrosson                                                       | e's Address (Only if requested and                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee's                                                                                                       | Address (Only if requested and                                         | Fin 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fee is paid                                                       |                                                                             |
| anature (Addresses or Acost)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fee is paid)                                                                                                         |                                                                        | 5 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ``                                                                |                                                                             |
| ginature (Addressee of Agenic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                        | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                 |                                                                             |
| Unit ban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                        | va                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>                                                          | 9-8-0223 Domestic Return Recei                                              |
| Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99-B                                                                                                          | -0223 Domestic Return Receipt                                          | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                         | 9-8-0223 Domestic Actum Accer                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                        | · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 |                                                                             |
| **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      | I also wish to receive the follow-                                     | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | I also wish to receive the follow-                                          |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      | ing services (for an extra fee):                                       | <ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   | ing services (for an extra fee):                                            |
| Print your name and address on the reverse of this form so that a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | we can return this                                                                                                   |                                                                        | Print your name and address on the reverse of this form so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | that we can return this                                           |                                                                             |
| card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ace does not                                                                                                         | 1. Addressee's Address                                                 | Card to you. Attach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | if space does not                                                 | 1.  Addressee's Address                                                     |
| permit.<br>Write "Return Receipt Requested" on the mailpiece below the an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ticle number                                                                                                         | 2. 🗋 Restricted Delivery                                               | permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | 2.  Restricted Delivery                                                     |
| The Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and the date                                                                                                         |                                                                        | Complete items 3, 4a, and 4b.     Thirt your name and address on the reverse of this form so     card to you.     Attach this form to the front of the mailpiece, or on the back     permit.     Write ' <i>Return Receipt Requested'</i> on the mailpiece below t     D The Return Receipt All show to whom the article was deliv     delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vered and the date                                                |                                                                             |
| delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Nu                                                                                                       | mber                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4a. Article Nu                                                    | I                                                                           |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75                                                                                                                   | NT DOG (NSI                                                            | 3. Article Addressed to:<br>Linda Faye Jones Et Al<br>5. 1646 North Breekon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20                                                                | 77009 422                                                                   |
| Lola Ben Lawson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4b. Service T                                                                                                        |                                                                        | E Linda Faye Jones Et Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4b. Service T                                                     |                                                                             |
| 3911 Teckla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered                                                                                                           |                                                                        | 5 1646 North Breckon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered                                                        |                                                                             |
| Amarillo, TX 79109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Express M                                                                                                            | /                                                                      | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Express M                                                         |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 A 1                                                                                                                | eipt for Merchapdise COD                                               | ш<br>Ш                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   | eipt for Merchandise COD                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Date of Del                                                                                                       | ivery                                                                  | ä                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7. Date of Del                                                    |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                                                                                                                    | 121/00                                                                 | AA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Date of De                                                     |                                                                             |
| Received By, (Print, Name) /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. Addressee                                                                                                         | s Address (Only if requested and                                       | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 Addressee                                                       | 's Address (Only if requested and                                           |
| Lola BenLawson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fee is paid)                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fee is paid)                                                      |                                                                             |
| Signeture (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                    |                                                                        | 5 Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                             |
| XO BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                        | Linda Jones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                             |
| Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99                                                                                                            | -B-0223 Domestic Return Receipt                                        | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                         | 9-B-0223 Domestic Return Receip                                             |
| ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | سه ه درور شرور                                                                                                       | ·                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                             |
| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      | I also wish to receive the follow-<br>ing services (for an extra fee): | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | I also wish to receive the follow-<br>ing services (for an extra fee):      |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                        | O Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | ing services (lot an extra tee):                                            |
| Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 1. Addressee's Address                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | that we can return this                                           | 1. 🗋 Addressee's Address                                                    |
| card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ace does not                                                                                                         | 2.  Restricted Delivery                                                | Attach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | if space does not                                                 | 2.  Restricted Delivery                                                     |
| permit.<br>I Write "Return Receipt Requested" on the maliplece below the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rticle number.                                                                                                       |                                                                        | permit. C Write "Return Receipt Requested" on the mailpiece below the period was delived by the period was delived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | he article number.                                                | D Liganicied Delivery                                                       |
| The Return Receipt will show to whom the article was delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and the date                                                                                                         |                                                                        | <ul> <li>Print your name and address on the reverse of this form so card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below ti</li> <li>The Return Receipt Will show to whom the article was deliv delivered.</li> <li>Article Addressed to:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vered and the date                                                |                                                                             |
| Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4a. Article Nu                                                                                                       |                                                                        | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4a. Article Nu                                                    | imber and die                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 5'                                                                                                                 |                                                                        | 3. Article Addressed to:<br>4<br>4<br>5<br>6<br>6<br>6<br>7<br>8<br>9<br>1513 N. San Mateo Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                                                | 77009715                                                                    |
| State Land Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service 1                                                                                                        |                                                                        | E L Frank Pierce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4b. Service T                                                     |                                                                             |
| Hobbs District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Registere                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C Registered                                                      | /                                                                           |
| 3830 North Grimes Suite C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Express N                                                                                                            |                                                                        | 00 Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Express M                                                         |                                                                             |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Return Red                                                                                                           | ceipt for Merchandise COD                                              | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Return Rece                                                       | eipt for Merchandise 🛛 COD                                                  |
| 10000, 1101 00210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of De                                                                                                        | ellivery 22.00                                                         | Hobbs, NM 88240<br>Hobbs, NM 88240<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Date of Del                                                    | livery                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | .2.00 -                                                                | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3-                                                                | 7100                                                                        |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      | e's Address (Only if requested and                                     | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | 's Address (Only if requested and                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee is paid                                                                                                          | Ŋ                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fee is paid)                                                      | 1                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                        | 5 6. Signafure (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                             |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                             |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                        | F.F. Plens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | t to reacive the follow-                                                                                                                                        | side?                                  | SENDER:                                                                                                                     |                                               | I also wish to receive the follow-<br>ing services (for an extra fee): |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 a                                                                                       | so wish to receive the follow-<br>services (for an extra fee):                                                                                                  | se                                     | Complete items 1 and 2 to additional aerives.<br>Complete items 3, 4a, and 4b.                                              | hat was and set                               | "g ourneed hor an extra red).                                          |
| tems 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                         |                                                                                                                                                                 | reven                                  | card to you.                                                                                                                |                                               | 1. 🗋 Addressee's Address                                               |
| items 1 and/or 2 to additionary terms of this form so that we of name and address on the reverse of this form so that we of the reverse of this form so that we of the reverse of the reve | can return this                                                                           | Addressee's Address                                                                                                                                             |                                        | Attach this form to the front of the mailpiece, or on the back is<br>permit.                                                | •                                             | 2.  Restricted Delivery                                                |
| name and address on the reverse of the back if space<br>ou.<br>s form to the front of the mailpiece, or on the back if space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a does not 2.                                                                             | Addressee's Address                                                                                                                                             | the                                    | Write "Return Receipt Requested" on the mailpiece below the<br>The Return Receipt will show to whom the article was delived |                                               | ,                                                                      |
| s form to the front of the manpiece, of one helpw the articly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | le number.                                                                                | ipt                                                                                                                                                             | ۳.                                     | delivered.                                                                                                                  |                                               | L                                                                      |
| turn Receipt Requested" on the mailpiece below the article<br>m Receipt will show to whom the article was delivered and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           | Ö                                                                                                                                                               | eted                                   | 3. Article Addressed to:                                                                                                    | 4a. Article Nu<br>Z 5                         | $\dot{a}$ $\dot{a}$                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 48. AUGUE HUMBS                                                                           |                                                                                                                                                                 | đ                                      | Ronnie Dudley Thorp                                                                                                         |                                               | <u>17 WY 606</u>                                                       |
| ddressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           | 09381                                                                                                                                                           | compl                                  | RLT Family Trust                                                                                                            | 4b. Service T                                 |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service Type                                                                          | Certified                                                                                                                                                       | ESS (                                  | 1180 Avenida Ellena                                                                                                         | Express N                                     | <i>r</i> ,                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registered                                                                                |                                                                                                                                                                 | Ë                                      | Casa Grande, AZ 85222                                                                                                       |                                               | elpt for Merchandise                                                   |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Express Mail                                                                              | - 4                                                                                                                                                             | DDR                                    |                                                                                                                             | <u>Y</u>                                      |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Return Receipt                                                                            |                                                                                                                                                                 | AA                                     | P                                                                                                                           | 7. Date of De                                 | "" 3/ 7/4,                                                             |
| I , $D$ $D$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Delive                                                                         | ny <u>32100</u> R                                                                                                                                               | URI                                    | 5. Received By Pan Name                                                                                                     | 8 Addrosso                                    | 's Address (Only if requested and                                      |
| al laiba (Til                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           | A A Inally if ranidstart and                                                                                                                                    | ETU                                    | LEM VIII                                                                                                                    | fee is paid)                                  |                                                                        |
| P (Old I) III (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Addressee's /                                                                          | paress (Only if requested and                                                                                                                                   | 띡                                      | 6. Signature (Addressee or Agent)                                                                                           |                                               |                                                                        |
| ed By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | fee (paid)                                                                                |                                                                                                                                                                 | you                                    |                                                                                                                             | ala i un                                      |                                                                        |
| ure (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /// ۲                                                                                     | 1/1/1/1/6                                                                                                                                                       | Ś                                      | PS Form <b>3811</b> , December 1994                                                                                         |                                               | -B-0223 Domestic Return Receipt                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | Domestic Return Receipt                                                                                                                                         |                                        | Fo Fond JULT, December 1994                                                                                                 | . 102595-99                                   | Portes Domostic Return Receipt                                         |
| 0011 Occomber 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 102595-99-B                                                                               | -0223 Domesuch leturn house.pt                                                                                                                                  | ¥                                      | • · · · · ·                                                                                                                 |                                               |                                                                        |
| 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                                                                                                 | -·                                     |                                                                                                                             |                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                                                                                                 | de?                                    | SENDER:                                                                                                                     |                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | I also wish to receive the follow-                                                                                                                              | sid                                    | Complete items 1 and/or 2 for additional services.                                                                          |                                               | I also wish to receive the follow<br>ing services (for an extra fee):  |
| ER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                         | ing services (for an exita lee).                                                                                                                                | . se                                   | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so                                 | that we can return this                       |                                                                        |
| HEN:<br>lete items 1 and/or 2 for additional services.<br>lete items 3 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | the sea of the line                                                                       |                                                                                                                                                                 |                                        | card to you.                                                                                                                |                                               | 1. Addressee's Address                                                 |
| Diele liens of the indexes So the reverse of this form be the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at we can return the                                                                      | 1. □ Addressee's Address                                                                                                                                        | the re                                 | D Attach this form to the front of the mailpiece, or on the back<br>permit.                                                 |                                               | 2.  Restricted Delivery                                                |
| to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                                                                                                 |                                        | Write "Return Receipt Requested" on the mailpiece below to<br>The Return Receipt will show to whom the article was delived. | he article number.<br>rered and the date      |                                                                        |
| this form to the front of the mapped of the mailpiece below the<br>it.<br>• "Return Receipt Requested" on the mailpiece below the<br>return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | article number.                                                                           | 1                                                                                                                                                               | Receipt<br>:<br>:<br>eted on           | delivered.                                                                                                                  |                                               |                                                                        |
| it.<br>• "Return Receipt Requested" on the malipiece below the<br>• "Return Receipt will show to whom the article was delivered<br>record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           | mbor                                                                                                                                                            | eter. Her                              | 3. Article Addressed to:                                                                                                    | 4a. Article N                                 | number                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a. Article Nu                                                                            | $\neg \gamma \gamma \gamma (10)$                                                                                                                                |                                        | Robert Duane Wise                                                                                                           | 257                                           | 1007 333                                                               |
| cle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LTU                                                                                       |                                                                                                                                                                 | Gomp!                                  | Estate of Velma Wise                                                                                                        | 4b. Service                                   |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service T                                                                             | d ACertified                                                                                                                                                    | l pi                                   | 6200 Dartmouth                                                                                                              | Express I                                     |                                                                        |
| Abelardo Balderrama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | Aail Dinsured                                                                                                                                                   | using Return                           | Amarillo, TX 79109                                                                                                          |                                               | Mail <sup>/</sup> Insured<br>ceipt for Merchandise COD                 |
| 113 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Express N                                                                                 | ceipt for Merchandise                                                                                                                                           | 2 8                                    |                                                                                                                             |                                               |                                                                        |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                                                                                                 | NA                                     |                                                                                                                             | 7. Date of D                                  | elivery<br>3-22-00                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of D                                                                              |                                                                                                                                                                 | hank you for using F<br>RETURN ADDRESS | 5. Received By: (Print Name)                                                                                                |                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address of                                                                                | e's Address (Only if requested and                                                                                                                              | Thank<br>r <u>BETU</u>                 | ROBERT DUANE WISE                                                                                                           | 6. Addresse                                   | e's Address (Only if requested and                                     |
| eceived By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Addresse                                                                               | d)                                                                                                                                                              | 투빌                                     | 6. Signature (Addressee or Aced)                                                                                            |                                               | ,                                                                      |
| M. A. Martin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>                                                                                  |                                                                                                                                                                 | Ŋ.                                     | VIII +1                                                                                                                     |                                               | Barta and A                                                            |
| Addressee of Ageni)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                                                                                                 | . <sup>2</sup>                         | PS form 3811, December 1994                                                                                                 |                                               | n a server Describe Description                                        |
| Daria Balde irama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           | -99-8-0223 Domestic Return Receipt                                                                                                                              |                                        | i Saoni do II, December 1994                                                                                                | 102595-9                                      | 9-B-0223 Domestic Return Receip                                        |
| Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 102595                                                                                    | -99-0-220 -                                                                                                                                                     |                                        |                                                                                                                             |                                               |                                                                        |
| Form JOI I, Decomer ter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                                                                                                 | - • ·                                  |                                                                                                                             |                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                                                                                                 | , 2                                    | SENDER:                                                                                                                     | ······································        | I also wish to receive the follow                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | I also wish to receive the follow-                                                                                                                              | 1                                      | Complete items 1 and/or 2 for additional services.                                                                          |                                               | ing services (for an extra fee):                                       |
| NDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | ing services (for an extra fee):                                                                                                                                | ' {                                    |                                                                                                                             | to that we can return th                      | nis.                                                                   |
| omplete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | that we can return this                                                                   |                                                                                                                                                                 | Ce.                                    | card to you.                                                                                                                |                                               | 1. Addressee's Address                                                 |
| omplete items 3, 4a, and 4b.<br>omplete items 3, 4a, and 4b.<br>rint your name and address on the reverse of this form so the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it annon door oot                                                                         | 1. Addressee's Address                                                                                                                                          |                                        | permit.                                                                                                                     | -                                             | 2. D Restricted Delivery                                               |
| and to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if space does not                                                                         | 2.  Restricted Delivery                                                                                                                                         |                                        | Write "Return Receipt Requested" on the mailplace below<br>D The Botum Receipt will about to whom the atticle wate do       | r the article number.<br>livered and the date |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | he article number.<br>vered and the date                                                  |                                                                                                                                                                 |                                        | 5 delivered.                                                                                                                |                                               | N                                                                      |
| armit.<br>Inite "Return Receipt Requested" on the mailplace below th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article N                                                                             | lumber                                                                                                                                                          | - Her                                  | 3. Article Addressed to:                                                                                                    | 4a. Article                                   | 77 009 (000                                                            |
| armit.<br>Inte <i>Return Receipt Requested</i> on the mailplece below th<br>the Return Receipt will show to whom the article was delive<br>elivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           | 77009748                                                                                                                                                        | leturn Rec                             | Edmundo Fernandez                                                                                                           | 25                                            |                                                                        |
| mmit.<br>Inte <i>Return Receipt Requested</i> on the mailplece below the<br>ne Return Receipt will show to whom the article was delive<br>alivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | 1001110                                                                                                                                                         | Return                                 | Earl Cowger                                                                                                                 | 4b. Service                                   |                                                                        |
| Irmit.<br>Ite 'Return Receipt Requested' on the mailplece below th<br>te Return Receipt will show to whom the article was delive<br>livered.<br>ticle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                                                                        | Tuno                                                                                                                                                            |                                        |                                                                                                                             |                                               | /                                                                      |
| mit is 'Return Receipt Requested' on the mailplece below the<br>a Return Receipt will show to whom the article was delive<br>livered.<br>ticle Addressed to:<br>Director El Paso Natural Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Z 5<br>4b. Service                                                                        | Type Manufactured                                                                                                                                               |                                        | Hobbs, NM 88240                                                                                                             | Express                                       | acceipt for Merchandise                                                |
| mil: ' <i>Helum Receipt Requested'</i> on the mailplece below the<br>a Return Receipt will show to whom the article was delive<br>livered.<br>ticle Addressed to:<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Z 5<br>4b. Service<br>□ Register                                                          | red Certified                                                                                                                                                   | 등기                                     | 110003,1111 00240                                                                                                           |                                               | Receipt for Merchandise LICOD                                          |
| mail.<br>is "Ratum Receipt Requested" on the mailplece below the<br>s Return Receipt will show to whom the article was delive<br>ivered.<br>ticle Addressed to:<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25<br>4b. Service<br>□ Register                                                           | red QCentified                                                                                                                                                  | r using                                | 10003,1114 00240                                                                                                            | LC                                            |                                                                        |
| mit.<br>Her ' <i>Return Receipt Requested'</i> on the mailplece below the<br>le Return Receipt will show to whom the article was delive<br><i>Wivered</i> .<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4b. Service<br>Register<br>Express<br>Return R                                            | red MC certified<br>Mail Insured<br>eccipt for Merchandise COD                                                                                                  | - 5 3                                  |                                                                                                                             | 7. Date of                                    |                                                                        |
| rmit:<br>rite "Return Receipt Requested" on the mailplece below th<br>ne Return Receipt will show to whom the article was delive<br>slivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25<br>4b. Service<br>□ Register                                                           | Type     Incrementation       red     Incrementation       is Mail     Insured       ecceipt for Merchandise     COD       Delivery                             | you for usin                           |                                                                                                                             | 7. Date of                                    | Delivery<br>3-23-00                                                    |
| ermit.<br>Wile "Return Receipt Will show to whom the malpicos below th<br>the Return Receipt will show to whom the article was delive<br>elevered.<br>Whicle Addressed to:<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b. Service<br>Register<br>Express<br>Return R<br>7. Date of                              | Type     Certified       red     Insured       Mail     Insured       eccept for Merchandise     COD       Delivery     Cod                                     | nk you for usin                        |                                                                                                                             | 7. Date of<br>8. Address                      | Delivery<br>3-3-00<br>see's Address (Only if requested an              |
| ermit.<br>Wile "Return Receipt Mequested" on the maliplece below th<br>the Return Receipt will show to whom the article was delive<br>elevered.<br>Vriicle Addressed to:<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492<br>El Paso, Texas 79978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service<br>Register<br>Express<br>Return R<br>7. Date of<br>8. Address                | Type     Incertified       red     Insured       except for Merchandise     COD       Delivery     COD       3-72-00       see's Address (Only if requested and | Thank you for usin                     | 2<br>                                                                                                                       | 7. Date of                                    | Delivery<br>3-3-00<br>see's Address (Only if requested an              |
| emit.<br>Wite Return Receipt Requested on the malplece below th<br>the Return Receipt will show to whom the article was delive<br>elevered.<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492<br>El Paso, Texas 79978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4b. Service<br>Register<br>Express<br>Return R<br>7. Date of                              | Type     Incertified       red     Insured       except for Merchandise     COD       Delivery     COD       3-72-00       see's Address (Only if requested and |                                        |                                                                                                                             | 7. Date of<br>8. Address                      | Delivery<br>3-3-00<br>see's Address (Only if requested an              |
| amit:<br>Title "Return Receipt Requested" on the mailplece below th<br>the Return Receipt will show to whom the article was delive<br>elivered.<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492<br>El Paso, Texas 79978<br>Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b. Service<br>Register<br>Express<br>Return R<br>7. Date of<br>8. Address                | Type     Incertified       red     Insured       except for Merchandise     COD       Delivery     COD       3-72-00       see's Address (Only if requested and | Thank you for usin                     | 5. Received By: (Print Name)                                                                                                | 7. Date of<br>8. Address                      | Delivery<br>3 - J.J O.O<br>see's Address (Only if requested an<br>aid) |
| ermit.<br>Wile "Return Receipt Will show to whom the malpicos below th<br>the Return Receipt will show to whom the article was delive<br>elevered.<br>Whicle Addressed to:<br>Director El Paso Natural Gas<br>Environmental Affairs Dept.<br>P. O. Box 1492                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b. Service<br>Register<br>Express<br>Q Return R<br>7. Date of<br>8. Address<br>fee is pa | Type     Incertified       red     Insured       except for Merchandise     COD       Delivery     COD       3-72-00       see's Address (Only if requested and | Thank you                              | 5. Received By: (Print Name)                                                                                                | 7. Date of<br>8. Address<br>fee is pe         | Delivery<br>3-3-00<br>see's Address (Only if requested an              |



| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 | I also wish to receive the follow-                                                                                                                                                 |                                                               | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 | ing services (for an extra fee):                                                                                                                                                   |                                                               | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ve can return this                                                                                                                                                                                              |                                                                                                                                                                                    | rvice.<br>reverse                                             | Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | we can return this                                                                                                                                                          | 1 🗔 Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 | 1. Addressee's Address                                                                                                                                                             | Service<br>he rever                                           | Attach this form to the front of the mailpiece, or on the back if sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ace does not                                                                                                                                                                | <ol> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | icle number.                                                                                                                                                                                                    |                                                                                                                                                                                    |                                                               | permit.  Write "Return Receipt Requested" on the mailpiece below the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rticle number.                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| The Return Receipt will show to whom the anticle was delivered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and the date                                                                                                                                                                                                    |                                                                                                                                                                                    | <b>G</b> · _                                                  | The Return Receipt will show to whom the article was delivered delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the date                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| delivered.<br>Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nu                                                                                                                                                                                                  | mber                                                                                                                                                                               |                                                               | Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Nu                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 177                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25                                                                                                                                                                                                              | 77009744                                                                                                                                                                           |                                                               | Albuquerque Environmental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Z 5</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Field Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service T                                                                                                                                                                                                   | ype                                                                                                                                                                                | Return<br>comple                                              | Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4b. Service T                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| US Fish & Wildlife Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Registered                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                               | PO Box 1293                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Express M                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2105 Osuna Road, Northeast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Express M                                                                                                                                                                                                       |                                                                                                                                                                                    | RESS                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OZNERIUM Becc                                                                                                                                                               | ipt for Merchandise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Albuquerque, NM 87113-1001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                    | 5 8                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of Del                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of De                                                                                                                                                                                                   | avery                                                                                                                                                                              | N N                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             | ivory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Descrived Day (Brint Mama)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 Addressee                                                                                                                                                                                                     | 's Address (Only if requested and                                                                                                                                                  | ank you for using Return Rec<br>ETURN ADDRESS completed<br>or | i. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8. Addressee                                                                                                                                                                | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fee is paid,                                                                                                                                                                                                    | )                                                                                                                                                                                  | ETUF                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s paid)                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                               |                                                                                                                                                                                    | 5 6                                                           | i. Sighature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E91                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1 E. Nulha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                    | <u>ب</u> ه ا                                                  | Fary O myhros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| S form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99                                                                                                                                                                                                       | 9-B-0223 Domestic Return Receipt                                                                                                                                                   | i P                                                           | S Form 381, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99                                                                                                                                                                   | 8-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| - (p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                    | <u> </u>                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · ···                                                                                                                                                                     | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                 |                                                                                                                                                                                    | -                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                 | I also wish to receive the follow-                                                                                                                                                 | 63                                                            | ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 | ing services (for an extra fee):                                                                                                                                                   | sld                                                           | Complete items-1-end/or 2 for additional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e can return this                                                                                                                                                                                               |                                                                                                                                                                                    | ervice.                                                       | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | we can return this                                                                                                                                                          | <b>. .</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| card to you.<br>Attach this form to the front of the mailpiece, or on the back if spar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ce does not                                                                                                                                                                                                     | 1. Addressee's Address                                                                                                                                                             | Service.                                                      | card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ace does not                                                                                                                                                                | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| permit.<br>Write "Return Receipt Requested" on the mailpiece below the artic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                                    | ທ   ຫຼຸ                                                       | permit.<br>I Write "Return Receipt Requested" on the mailpiece below the an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             | 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| The Return Receipt will show to whom the article was delivered a delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and the date                                                                                                                                                                                                    |                                                                                                                                                                                    | 915 1                                                         | The Return Receipt will show to whom the article was delivered delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the date                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4a. Article Nu                                                                                                                                                                                                  | mber                                                                                                                                                                               | P p 3                                                         | Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Nur                                                                                                                                                             | nber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Dave E. Iorginovic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                                                                                                                                                                                              | 11009 142                                                                                                                                                                          | Return                                                        | Lousi Carroli Bryan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZJ'                                                                                                                                                                         | 11009101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Devon E. Jercinovic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4b. Service Ty                                                                                                                                                                                                  | pe ZCertified                                                                                                                                                                      | E E                                                           | 308 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service Ty                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| International Tech Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Registered                                                                                                                                                                                                      |                                                                                                                                                                                    | _ 0                                                           | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registered     Express Ma                                                                                                                                                   | ail Dinsured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5301 Central Ave, NE Ste 700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                 | hipt for Merchandise COD                                                                                                                                                           | is E                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             | pt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Albuquerque, NM 87018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of Del                                                                                                                                                                                                  | iven                                                                                                                                                                               | u for using<br>ADDRESS                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Date of Deli                                                                                                                                                             | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7-                                                                                                                                                                                                              | -77-00                                                                                                                                                                             |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | >                                                                                                                                                                           | -13-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. Addressee'                                                                                                                                                                                                   | s Address (Only if requested and                                                                                                                                                   | Thank yo                                                      | Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8. Addressee's                                                                                                                                                              | Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Kathu Salina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee is paid)                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                              |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | fee is paid)                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |                                                                                                                                                                                    | 3 6                                                           | . Sigpature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| K Selike                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                                                                                                                                                                               | · · · · · · · · · · · · · · · · · · ·                                                                                                                                              | ; s _                                                         | LOUSI / STroll Kryan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>ι                                    </u>                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| S Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99                                                                                                                                                                                                       | B-0223 Domestic Return Receipt                                                                                                                                                     | - P                                                           | S Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 102595-99-                                                                                                                                                                  | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                 |                                                                                                                                                                                    | 1                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NOCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                    | <br>j.                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · ·                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                 | also wish to receive the follow-                                                                                                                                                   | es   0                                                        | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · ·                                                                                                                                                                         | Laleo wish to reasive the f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                             |                                                               | Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Infin your name and address on the reverse of this form so that we hard to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | can return this                                                                                                                                                                                                 | ing services (for an extra fee):                                                                                                                                                   | e sic                                                         | Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | we can return this                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Yinh your name and address on the reverse of this form so that we<br>ard to you.<br>Vitach this form to the front of the mailplece, or on the back if space<br>emit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | can return this<br>does not                                                                                                                                                                                     | ing services (for an extra fee):<br>1. □ Addressee's Address                                                                                                                       | verse sic                                                     | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             | ing services (for an extra fee):<br>1.  Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| complete items 1 and/or 2 for additional services.<br>complete items 3, 4a, and 4b.<br>rint your name and address on the reverse of this form so that we /<br>ard to your, mame and address on the reverse of this form so that we /<br>tach this form to the front of the mailpiece, or on the back if space<br>armit.<br>Write "Return Receipt will show to whom the article was delivered any<br>in the Return Receipt will show to whom the article was delivered any<br>tach the Return Receipt will show to whom the article was delivered any<br>tach the Return Receipt will show to whom the article was delivered any<br>tach the Return Receipt will show the whom the tack the space delivered any<br>tach tack the space of the show the start tack was delivered any<br>tack tack tack tack tack tack tack tack | can return this<br>does not                                                                                                                                                                                     | ing services (for an extra fee):          1. □ Addressee's Address       0         2. □ Restricted Delivery       a                                                                | he reverse sic                                                | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Jattech this form to the front of the mailpiece, or on the back if so<br>permit.<br>Write <i>'Return Becelat Requested'</i> on the melholece below the act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ace does not                                                                                                                                                                | ing services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| complete items 1 and/or 2 for additional services.<br>complete items 3, 4a, and 4b.<br>rint your name and address on the reverse of this form so that we a<br>rard to you.<br>ttach this form to the front of the mailpiece, or on the back if space<br>armit.<br>rinte "Return Receipt Requested" on the mailpiece below the article<br>the Return Receipt will show to whorn the article was delivered and<br>elivered.                                                                                                                                                                                                                                                                                                                                                                                                     | can return this<br>o does not<br>e number.<br>d the date                                                                                                                                                        | ing services (for an extra fee):          1. □ Addressee's Address       5         2. □ Restricted Delivery       5                                                                | the reverse sid                                               | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ace does not                                                                                                                                                                | ing services (for an extra fee):<br>1.  Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| omplete items 1 and/or 2 for additional services.<br>omplete items 3, 4a, and 4b.<br>init your name and address on the reverse of this form so that we i<br>trad to you.<br>ttach this form to the front of the mailpiece, or on the back if space<br>mit.<br>inte "Return Receipt Requested" on the mailpiece below the article<br>the Return Receipt will show to whom the article was delivered and<br>livered.<br>ticle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                     | can return this<br>does not<br>e number.<br>d the date<br>fa. Article Num                                                                                                                                       | ing services (for an extra fee):          1.        Addressee's Address       3         2.        Restricted Delivery       3         ber       3       3                          | the reverse sid                                               | □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>□ Write 'Ratum Receipt Requested' on the mailpiece below the ar<br>□ The Rectum Receipt Reversed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ace does not                                                                                                                                                                | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| omplate items 1 and/or 2 for additional services.<br>omplate items 3, 4a, and 4b.<br>infl your name and address on the reverse of this form so that we<br>ard to you.<br>tach this form to the front of the malipiece, or on the back if space<br>armit.<br>The <i>Ratum Receipt Requested</i> on the malipiece below the article<br>the Ratum Receipt will show to whom the article was delivered and<br>alvered.<br>M Citizens Clean Air & Water                                                                                                                                                                                                                                                                                                                                                                            | can return this<br>o does not<br>e number.<br>d the date<br>ta. Article Numm<br>255                                                                                                                             | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>ber<br>2. ○ 009 7 55 F                                                                 | eted on the reverse sid                                       | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>the Return Receipt Requested' on the anticle was delivered<br>delivered.<br>Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ace does not<br>ticle number.<br>and the date                                                                                                                               | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| omplete items 1 and/or 2 for additional services.<br>smplete items 3, 4a, and 4b.<br>init your name and address on the reverse of this form so that we<br>rd to you.<br>tach this form to the front of the msilplece, or on the back if space<br>rmit.<br>rife ' <i>Return Receipt Requested</i> ' on the mailplece below the article<br>te Return Receipt will show to whom the article was delivered and<br>livered.<br>ticle Addressed to:<br>M Citizens Clean Air & Water<br>hn Bartlit, Chairman                                                                                                                                                                                                                                                                                                                         | can return this<br>does not<br>e number.<br>d the date<br>fa. Article Num                                                                                                                                       | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>ber<br>2. ○ 009 7 55 F                                                                 | eted on the reverse sid                                       | □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>A that this form to the front of the mailpiece, or on the back if sp<br>Units ' <i>Hatum Receipt Requested</i> ' on the mailpiece below the ar<br>□ The Return Receipt Hequested' on the mailpiece was delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>257<br>4b. Service Ty                                                                                   | Ing services (for an extra fee):<br>Addressee's Address<br>Bestricted Delivery<br>nber<br>7 009 667<br>pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| omplete items 1 and/or 2 for additional services.<br>smplete items 3, 4a, and 4b.<br>init your name and address on the reverse of this form so that we<br>rd to you.<br>tach this form to the front of the msilpiece, or on the back if space<br>rmit.<br>refe 'Ratum Receipt Requested' on the malipiece below the article<br>te Ratum Receipt Will show to whom the article was delivered and<br>livered.<br>ticle Addressed to:<br>M Citizens Clean Air & Water<br>hn Bartlit, Chairman<br>3 Monte Ray Dr., North                                                                                                                                                                                                                                                                                                          | can return this<br>o does not<br>e number.<br>d the date<br>4a. Article Num<br>255<br>b. Service Typ                                                                                                            | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>ber<br>2. ○ 009 7 55 F                                                                 | completed on the reverse sid                                  | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the ar<br>The Return Receipt Requested" on the mailpiece was delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins<br>212 Shipp Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ace does not<br>tide number.<br>and the date<br>4a. Article Nur<br>257<br>4b. Service Ty<br>Registered                                                                      | Ing services (for an extra fee):<br>I. Addressee's Address<br>2. Restricted Delivery<br>nber<br>7 009 667<br>pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| omplete items 1 and/or 2 for additional services.<br>omplete items 3, 4a, and 4b.<br>infl your name and address on the reverse of this form so that we it<br>rach this form to the front of the mailplece, or on the back if space<br>inte 'Naturn Receipt Requested' on the anticle was delivered and<br>itivered.<br>Uicle Addressed to:<br>M Citizens Clean Air & Water<br>hn Bartlit, Chairman<br>3 Monte Ray Dr., North<br>Solomoc, DM 6 25544                                                                                                                                                                                                                                                                                                                                                                           | can return this<br>does not<br>e number.<br>d the date<br>ta. Article Num<br>Z 5<br>db. Service Typ<br>Registered<br>Express Mail                                                                               | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>ber<br>2. ○ 009 7 55<br>e<br>DyCertified                                               | completed on the reverse sid                                  | □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>A that this form to the front of the mailpiece, or on the back if sp<br>Units ' <i>Hatum Receipt Requested</i> ' on the mailpiece below the ar<br>□ The Return Receipt Hequested' on the mailpiece was delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>2.57<br>4b. Service Ty<br>Begistered<br>Express Ma                                                      | Ing services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery<br>Inder<br>DOG 607<br>pe<br>Information<br>Dog 607<br>pe<br>Information<br>Dog 607<br>pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| complete items 1 and/or 2 for additional services.<br>complete items 3, 4a, and 4b.<br>init your name and address on the reverse of this form so that we it<br>ard to you.<br>tach this form to the front of the mailplece, or on the back if space<br>armit.<br>The "Return Receipt Requested" on the anticle was delivered and<br>elivered.<br>M Citizens Clean Air & Water<br>when Bartlit, Chairman<br>13 Monte Ray Dr., North<br>Dis Alamos, NM 87544                                                                                                                                                                                                                                                                                                                                                                    | can return this<br>does not<br>e number.<br>d the date<br>ta. Article Num<br>Z 5<br>db. Service Typ<br>Registered<br>Express Mail                                                                               | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ber 2.  OO9 755 e DyCertified insured tor Merchandise  OCD again                                | completed on the reverse sid                                  | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the ar<br>The Return Receipt Requested" on the mailpiece was delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins<br>212 Shipp Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>2.57<br>4b. Service Ty<br>Begistered<br>Express Ma<br>& Return Rece                                     | Ing services (for an extra fee):  I.  Addressee's Address I.  Restricted Delivery  I.  Restricte                                                                                                                                                                                           |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Init your name and address on the reverse of this form so that we are<br>ard to you.<br>tach this form to the front of the maliplece, or on the back if space<br>ermit.<br>Wite "Return Receipt Will show to whom the article was delivered and<br>elvered.<br>M Citizens Clean Air & Water<br>Ohn Bartlit, Chairman<br>13 Monte Ray Dr., North<br>Os Alamos, NM 87544<br>7                                                                                                                                                                                                                                                                                                                                                            | can return this<br>o does not<br>a number,<br>d the date<br>ta. Article Num<br>2557<br>bb. Service Typ<br>Registered<br>Express Mail<br>Return Receip<br>Date of Delive                                         | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ber 2.  OO9 755 e DyCertified insured tor Merchandise  OCD again                                | completed on the reverse sid                                  | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the ar<br>The Return Receipt Requested" on the mailpiece was delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins<br>212 Shipp Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>2.57<br>4b. Service Ty<br>Begistered<br>Express Ma                                                      | Ing services (for an extra fee): I. Addressee's Address I. Restricted Delivery I. Restricte                                                                                                                                                                                           |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Trint your name and address on the reverse of this form so that we are<br>are to you.<br>tach this form to the front of the mailplece, or on the back if space<br>ermit.<br>Wite "Return Receipt Will show to whom the article was delivered and<br>elvered.<br>M Citizens Clean Air & Water<br>Dohn Bartlit, Chairman<br>13 Monte Ray Dr., North<br>Os Alamos, NM 87544<br>7                                                                                                                                                                                                                                                                                                                                                          | can return this<br>o does not<br>e number.<br>d the date<br>ta. Article Num<br>Z 5 7<br>bb. Service Typ<br>Registered<br>Registered<br>Return Receip<br>7. Date of Delive<br>2.<br>Addressee's /                | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ber 2.  OO9 755 e DyCertified insured tor Merchandise  OCD again                                | completed on the reverse sid                                  | □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Unite <i>'Ratum Receipt Requested'</i> on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt R | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>2.57<br>4b. Service Ty<br>B Registered<br>Express Ma<br>& Return Rece<br>7. Date of Deli                | Ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Address<br>Address<br>1. Constructed Delivery<br>Constructed Delivery<br>Constru |
| Complete items 1 and/or 2 for additional services. Complete items 3, 4e, and 4b. Thirly our name and address on the reverse of this form so that we are third your name and address on the reverse of this form so that we are iterative the form to the front of the maliplece, or on the back if space remains the frequested on the maliplece below the article the Return Receipt Requested on the maliplece below the article the Return Receipt will show to whom the article was delivered and elevered. IM Citizens Clean Air & Water Third Bartlit, Chairman 13 Monte Ray Dr., North os Alamos, NM 87544                                                                                                                                                                                                             | can return this<br>o does not<br>a number,<br>d the date<br>ta. Article Num<br>2557<br>bb. Service Typ<br>Registered<br>Express Mail<br>Return Receip<br>Date of Delive                                         | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ber 2.  OO9 755 e DyCertified insured tor Merchandise  OCD again                                | completed on the reverse sid                                  | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the ar<br>The Return Receipt Requested" on the mailpiece was delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins<br>212 Shipp Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>257<br>4b. Service Ty<br>Registered<br>Express Ma<br>6 Return Rece<br>7. Date of Deli<br>8. Addressee's | Ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Address<br>Address<br>1. Constructed Delivery<br>Constructed Delivery<br>Constru |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Trint your name and address on the reverse of this form so that we are to you.<br>The temp is the front of the mailplece, or on the back if space<br>ermit.<br>Wite "Return Receipt Will show to whom the article was delivered and<br>elvered.<br>M Citizens Clean Air & Water<br>Dohn Bartlit, Chairman<br>13 Monte Ray Dr., North<br>Os Alamos, NM 87544<br>7                                                                                                                                                                                                                                                                                                                                                                       | can return this<br>o does not<br>e number.<br>d the date<br>ta. Article Num<br>Z 55<br>bb. Service Typ<br>Registered<br>Express Mail<br>Return Receip<br>Date of Delive<br>Addressee's <i>A</i><br>fee is paid) | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>ber<br>2. ○ OO 9 7 5 5<br>e ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○                      | ALL ADDRESS completed on the reverse sic                      | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write ' <i>Return Receipt Requested'</i> on the mailpiece below the ar<br>D The Return Receipt Requested' on the mailpiece below the ar<br>D The Return Receipt Requested' on the mailpiece below the ar<br>delivered<br>delivered.<br>Article Addressed to:<br>Velma V. Perkins<br>212 Shipp Dr<br>Hobbs, NM 88240<br>Received By: ( <i>Print Name</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>2.57<br>4b. Service Ty<br>B Registered<br>Express Ma<br>& Return Rece<br>7. Date of Deli                | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| IM Citizens Clean Air & Water<br>ohn Bartlit, Chairman<br>13 Monte Ray Dr., North<br>os Alamos, NM 87544<br>7<br>ecclived By: (Print Name)<br>8<br>WCY R BART 11 T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | can return this<br>o does not<br>e number.<br>d the date<br>ta. Article Num<br>Z 55<br>bb. Service Typ<br>Registered<br>Express Mail<br>Return Receip<br>Date of Delive<br>Addressee's <i>A</i><br>fee is paid) | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>ber<br>2. ○ OO 9 7 5 5<br>e ○ ○ ○ ○ 9 7 5 5<br>e ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ | ALL ADDRESS completed on the reverse sic                      | □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that:<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Unite <i>'Ratum Receipt Requested'</i> on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt Receipt Requested' on the mailpiece below the ar<br>□ The Return Receipt R | ace does not<br>ticle number.<br>and the date<br>4a. Article Nur<br>257<br>4b. Service Ty<br>Registered<br>Express Ma<br>6 Return Rece<br>7. Date of Deli<br>8. Addressee's | 1. Addressee's Address         2. Restricted Delivery         mber         1. OO9 (007)         pe         all         Insured         ipt for Merchandise         COD         very         3 3 3 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |









| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I also wish to receive the follow-                                                                                                                                                                                                    | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ing services (for an extra fee):                                                                                                                                                                                                      | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also wish to receive the follo<br>ing services (for an extra fee);                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | O Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. 🔲 Addressee's Address                                                                                                                                                                                                              | <ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form card to you.</li> <li>Attact this form to the front of the mailpiece, or on the b permit.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| permit,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ol><li>Restricted Delivery</li></ol>                                                                                                                                                                                                 | Attach this form to the front of the mailpiece, or on the b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ack if space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Write "Return Receipt Requested" on the mailpiece below the arti<br>The Return Receipt will show to whom the article was delivered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ticle number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | w the article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | 0. D The Return Receipt will show to whom the article was d delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | elivered and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NM Oil & Gas Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 009 787                                                                                                                                                                                                                             | B     3. Article Addressed to:       B     B       B     RailTex, Inc       B     4901 Broadway, Ste 231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 77009593                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PO Box 1864<br>Santa Fe, NM 87504-1864                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A 46. Service Ty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rpe                                                                                                                                                                                                                                   | RailTex, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Santa Fe, NM 87504-1864                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ecertified                                                                                                                                                                                                                            | P 6 4901 Broadway, Ste 231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - D Register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ed Zertified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C) Expresserva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ii 🗍 Insured                                                                                                                                                                                                                          | San Antonio, TX 78209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Express                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mail 🗇 Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Return Rege                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ot for Merchandise COD                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 😳 🕖 🐙 Return Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ceipt for Merchandise 🔲 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Owner in the internet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 400 pate of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | very                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7. Date of D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | elivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Mmary Luciera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address (Only if requested and                                                                                                                                                                                                        | S Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A marie but errez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | fee is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | 6. Signeture (Addressee by Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | 18 Bendart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| S Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 102595-99-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B-0223 Domestic Return Receipt                                                                                                                                                                                                        | PS Form 381/1, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 102595-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 99-8-0223 Domestic Return Rece                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | SENDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I also wish to receive the follow-                                                                                                                                                                                                    | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Later with t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ing services (for an extra fee):                                                                                                                                                                                                      | <ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also wish to receive the follo<br>ing services (for an extra fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1.57.4.4.4.                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | so that we can return the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | is i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| card to you.<br>C Attach this form to the front of the mailpiece, or on the back if sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. 🗋 Addressee's Address                                                                                                                                                                                                              | S C D Allach this form to the front of the method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ack if space dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| permit.<br>CI Write "Return Receipt Requested" on the mailplece below the ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2.  Restricted Delivery                                                                                                                                                                                                               | permit.     permit.     permit.     Given to the field of the mailplace, or on the time of the time mailplace, or on the time of time |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| O The Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | a 5 delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | w the article number.<br>elivered and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Hounded Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4a. Article Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Imber                                                                                                                                                                                                                                 | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | 3. Article Addressed to:<br>Chris Shuey<br>Southwest Research & Info Center<br>P. O. Box 4524<br>Albuquerque, N.M. 87106<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| n 6 Carber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - 4b. Service-T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | Chris Shuey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | $\pm 5$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Bruce S. Garber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | Southwest Research & Info Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b. Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Attorney at Law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Express N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lail 🗍 Insured                                                                                                                                                                                                                        | P. O. Box 4524<br>Albuquerque, N.M. 87106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Express                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LACentined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PO Box 0850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Return Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | eipt for Merchandise 🔲 COD                                                                                                                                                                                                            | Albuquerque, N.M. 87106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Santa Fe, NM 87503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | livery                                                                                                                                                                                                                                | AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T Date in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ceipt for Merchandise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Sa</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3-23-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 's Address (Only if requested and                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S AUUIESS (Univ if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8. Addressee<br>fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 's Address (Only if requested and                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | fee is nain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <i>y</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Dustin Garber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | F 5 6. Signature (Addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | fee is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dustin Garber<br>5. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )                                                                                                                                                                                                                                     | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>i ii ::</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Dastin Carber<br>9. Signature (Addressee or Agent)<br>Drath Haster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | )                                                                                                                                                                                                                                     | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Dastin Carber<br>B. Signature (Addressee or Agent)<br>Drath Haster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )                                                                                                                                                                                                                                     | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dastin Carber<br>6. Signature (Addressee or Agent)<br>Date Haster<br>PS Form 3811; December 1994<br>ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )                                                                                                                                                                                                                                     | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dastin Carber<br>5. Signature (Addressee or Agent)<br>Dath Haster<br>PS Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3 4 and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 102595-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B-B-0223 Domestic Return Receipt                                                                                                                                                                                                      | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Dustin Carber<br>3. Signature (Addressee or Agent)<br>Data State<br>S Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 44, and 40.<br>Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also wish to raceive the following services (for an                                                                                                                                                                                 | F       5. Signature (Addressee or Agent)         9       PS Form 3811, December 1994         8       SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B-8-0223 Domestic Return Received the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Dastin Carber<br>5. Signature (Addressee or Agent)<br>Data Haster<br>PS Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4e, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard to you.<br>Attach this form to the front of the mailpiece, or on the back if sg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 102595-94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B-B-0223 Domestic Return Receipt<br>I also wish to raceive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address                                                                                               | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 102595-95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -B-0223 Domestic Return Recei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Dustin Corber<br>Signature (Addressee or Agent)<br>District Corbert<br>S Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>hatch this form to the front of the mailpiece, or on the back if sy<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | twe can return this<br>space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B-B-0223 Domestic Return Receipt<br>I also wish to raceive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address                                                                                               | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | that we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AB-0223 Domestic Return Receiption Parameters Domestic Return Receiption Receipti Receip |
| Dastin Carber<br>Signature (Addressee or Agent)<br>District Carber<br>SForm 3811; December 1994<br>ENDER:<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if as<br>parmit.<br>Write "Return Receipt Mightwo to whom the article was delivared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | twe can return this<br>space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the following services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                     | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this if space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | B-0223 Domestic Return Receiver<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dastin Carber<br>Signature (Addressee or Agent)<br>Distance (Addressee or Agent)<br>Distance (Addressee or Agent)<br>Distance (Addressee or Agent)<br>Point State<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>parmit.<br>Write "Return Receipt Requested" on the mailpiece below the ar<br>The Raturn Receipt Will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tee is paid<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>1000 | <ul> <li>B-8-0223 Domestic Return Receipt</li> <li>I also wish to receive the following services (for an extra fee):</li> <li>1.      Addressee's Address</li> <li>2.      Restricted Delivery Consult postmaster for fee.</li> </ul> | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this if space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AB-0223 Domestic Return Receip<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Dastin Carber<br>Signature (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>SForm 3811; December 1994<br>SForm 3811; December 1994<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>parmit.<br>Write 'Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | twe can return this<br>pace does not<br>utile number,<br>d and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Domestic Return Receipt Lalso wish to receive the following services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee. Number                                                           | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this if space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | B-0223 Domestic Return Receiver<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dastin Carbo<br>Signature (Addressee or Agent)<br>Data Manuel<br>S Form 3811; December 1994<br>S Form 3811; December 1994                                                                                                                                                                                                                                                                            | tee is paid<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>1000 | Domestic Return Receipt<br>I also wish to raceive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>577 009 747                    | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>is article number,<br>and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B-0223 Domestic Return Receip I also wish to receive the follow- ing services (for an extra fee): I.  Addressee's Address 2.  Restricted Delivery hber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Dastin Carber<br>Signature (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>SForm 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, ard 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>parmit.<br>Write 'Return Receipt Mill show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | twe can return this<br>space does not<br>utile number,<br>d and the date<br>4a. Article I<br>24b. Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B-B-0223 Domestic Return Receipt<br>I also wish to raceive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>50009 747<br>Type     | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>seried and the date<br>4a. Article Nun<br>22, 5, 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BB-0223 Domestic Return Receip<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>hoter<br>77 009 749                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Dastin Carbo<br>Signature (Addressee or Agent)<br>Data Manuel<br>S Form 3811; December 1994<br>S Form 3811; December 1994                                                                                                                                                                                                                                                                            | twe can return this<br>space does not<br>unticle number.<br>d and the date<br>4b. Service<br>□ Registe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Domestic Return Receipt<br>I also wish to raceive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>reed and the date<br>4a. Article Num<br>2595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>102595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100595-96<br>100505-96<br>100505-96<br>10 | AB-0223 Domestic Return Receives I also wish to receive the following services (for an extra fee): I.  Addressee's Address C.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Dastin Carber<br>Signature (Addressee or Agent)<br>District Carber<br>Softward State<br>Softward State<br>State<br>State<br>Softward State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>State<br>Sta | twe can return this<br>space does not<br>uncle number.<br>d and the date<br>4b. Service<br>C. Registe<br>E. Express                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>searched and the date<br>4a. Article Num<br>4b. Service Tyj<br>C Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PB-0223 Domestic Return Receip  I also wish to receive the follow- ing services (for an extra fee):  I.  Addressee's Address  2.  Restricted Delivery  Der  CO 09 749  pe  CCertified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Dastin Carber<br>Signature (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>SForm 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, ard 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>parmit.<br>Write 'Return Receipt Mill show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t we can return this<br>space does not<br>unicle number.<br>d and the date<br>4b. Service<br>Registe<br>Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>if and the date<br>4a. Article Num<br>2.5<br>4b. Service Ty<br>Bregistered<br>Express Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PB-0223 Domestic Return Receivements     I also wish to receive the following services (for an extra fee):     I.      Addressee's Address     Z.      Restricted Delivery      her <u>77 009 749     Pe                                </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Dastin Carber<br>Signature (Addressee or Agent)<br>District (Addressee or Agent)<br>District (Addressee or Agent)<br>SForm 3811; December 1994<br>ENDER:<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sy<br>parmit.<br>Write 'Raturn Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara<br>PO Box 748                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | twe can return this<br>apace does not<br>writcle number.<br>d and the date<br>4b. Service<br>Registe<br>Express<br>Return R<br>7. Date of I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>if area and the date<br>4a. Article Num<br>2.5<br>4b. Service Ty<br>Carlos Registered<br>Express Ma<br>Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PB-0223 Domestic Return Receivements     I also wish to receive the following services (for an extra fee):     I.      Addressee's Address     C.      Restricted Delivery      DO9 749      DO9 749      DO9 749      DO 009      DO 009      DO 00        |
| Dustin Carber<br>5. Signature (Addressee or Agent)<br>Dath Hame<br>PS Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 40.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>parmit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>The Raturn Receipt Requested' on the mailpiece below the ar<br>the Raturn Receipt Requested' on the mailpiece below the ar<br>the Raturn Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara<br>PO Box 748                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t we can return this<br>space does not<br>unicle number.<br>d and the date<br>4b. Service<br>Registe<br>Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>if and the date<br>4a. Article Num<br>2.5<br>4b. Service Ty<br>Bregistered<br>Express Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Domestic Return Receivements     Addressee's Address     Addressee's Address     Bestricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Dastin Carber<br>Signature (Addressee or Agent)<br>Dad Manuel<br>S Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sy<br>permit.<br>Write 'Return Receipt Meguested' on the mailpiece below the ar-<br>the Return Receipt Meguested' on the mailpiece below the ar-<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara<br>PO Box 748<br>Cuba, NM 87013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | twe can return this<br>apace does not<br>ricle number.<br>d and the date<br>4b. Service<br>Registe<br>Registe<br>Return R<br>7. Date of I<br>3 / 2 y<br>8. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>is article number.<br>reted and the date<br>4a. Article Num<br>2595-90<br>4b. Service Ty<br>Can Be Service Ty<br>Registered<br>Express Ma<br>Return Receip<br>7. Date of Deliv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PB-0223 Domestic Return Receivements     I also wish to receive the following services (for an extra fee):     I.      Addressee's Address     C.      Restricted Delivery      DO9 749      pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dustin Carber<br>6. Signature (Addressee or Agent)<br>Dath Hanne<br>PS Form 3811; December 1994<br>ENDER:<br>Complete lame 1 and/or 2 for additional services.<br>Complete lame 1 and/or 2 for additional services.<br>The Return Receipt Requested on the mailpiece below the ar-<br>the Return Receipt will show to whom the article was delivared<br>delivered.<br>3. Article Addressed to:<br>Dr. Harry Bishara<br>PO Box 748<br>Cuba, NM 87013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | twe can return this<br>apace does not<br>unicle number.<br>d and the date<br>4a. Article I<br>2<br>4b. Service<br>I Registe<br>Express<br>A Return R<br>7. Date of I<br>3<br>2<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>we article number,<br>ared and the date<br>4a. Article Nun<br>24b. Service Ty<br>Care and the date<br>4b. Service Ty<br>Registered<br>Express Ma<br>Return Receip<br>7. Date of Deliv<br>8. Addressee's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domestic Return Receip     Addressee's Address     Addressee's Address     Domestic Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Dustin Carber<br>6. Signature (Addressee or Agent)<br>Dim Hause<br>PS Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Match this form to the front of the mailpiece, or on the back if sp<br>parmit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>The Return Receipt Requested' on the mailpiece below the ar<br>in the Addressed to:<br>Dr. Harry Bishara<br>PO Box 748<br>Cuba, NM 87013<br>3. Received By: (Print Name)<br>ATCH Bishary<br>Complete items and the second advent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | twe can return this<br>apace does not<br>ricle number.<br>d and the date<br>4b. Service<br>Registe<br>Registe<br>Return R<br>7. Date of I<br>3 / 2 y<br>8. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | J also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery Consult postmaster for fee.         Number         5. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○       | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>is earticle number,<br>and the date<br>4a. Article Num<br>24b. Service Ty<br>Registered<br>Express Ma<br>Return Recell<br>7. Date of Deliv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PB-0223 Domestic Return Receip     I also wish to receive the follow- ing services (for an extra fee):     I.      Addressee's Address     C.      Restricted Delivery      hber     OO9 749     pe     D(Certified     Insured     tor Merchandise COD     rery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Dastin Carber<br>Signature (Addressee or Agent)<br>Data Manuel<br>SForm 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sy<br>permit.<br>Write 'Raturn Receipt Requested' on the mailpiece below the ar-<br>the Baturn Receipt Requested' on the mailpiece below the ar-<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara<br>PO Box 748<br>Cuba, NM 87013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | twe can return this<br>apace does not<br>ricle number.<br>d and the date<br>4b. Service<br>Registe<br>Registe<br>Return R<br>7. Date of I<br>3 / 2 y<br>8. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>we article number,<br>ared and the date<br>4a. Article Nun<br>24b. Service Ty<br>Care and the date<br>4b. Service Ty<br>Registered<br>Express Ma<br>Return Receip<br>7. Date of Deliv<br>8. Addressee's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PB-0223 Domestic Return Receip     I also wish to receive the follow- ing services (for an extra fee):     I.      Addressee's Address     C.      Restricted Delivery      hber     OO9 749     pe     D(Certified     Insured     tor Merchandise COD     rery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Dastin Carbo<br>Signature (Addressee or Agent)<br>Data Marken<br>S Form 3811; December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>The Return Receipt Requested' on the mailpiece below the ar<br>The Return Receipt Requested on the article was delivered<br>delivered.<br>Article Addressed to:<br>Dr. Harry Bishara<br>PO Box 748<br>Cuba, NM 87013<br>Received By: (Print Name)<br>Article S Bishara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | twe can return this<br>apace does not<br>ricle number.<br>d and the date<br>4b. Service<br>Registe<br>Registe<br>Return R<br>7. Date of I<br>3 / 2 y<br>8. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Domestic Return Receipt<br>I also wish to receive the<br>following services (for an<br>extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>Consult postmaster for fee.<br>Number<br>5                              | 6. Signature (Addressee or Agent)<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this<br>if space does not<br>we article number,<br>ared and the date<br>4a. Article Nun<br>24b. Service Ty<br>Care and the date<br>4b. Service Ty<br>Registered<br>Express Ma<br>Return Receip<br>7. Date of Deliv<br>8. Addressee's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PB-0223 Domestic Return Receip     I also wish to receive the follow- ing services (for an extra fee):     I.      Addressee's Address     C.      Restricted Delivery      hber     OO9 749     pe     D(Certified     Insured     tor Merchandise COD     rery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

,

| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>A tatach this form to the front of the mailpiece, or on the back if 8<br>permit.<br>Uvite 'Return Receipt Requested' on the mailpiece below the<br>D The Return Receipt will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to: | space does not<br>article number.<br>ad and the date                                                                                                                                                                                                                                                               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Printy your name and address on the reverse of this form so the<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if s<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the<br>The Return Receipt will show to whom the article was delivered. | space does not 2.  Restricted Delivery article number.                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reese L Drake<br>1501 South Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                             | 4b. Service Type<br>Registered<br>Express Mail<br>Alter Marchandise<br>7. Date of Delivery                                                                                                                                                                                                                         | 3. Article Addressed to:<br>J.D. Windham<br>1605 S. Cochran<br>Hobbs, NM 88240<br>5. Received By: (Print Name)<br>JD WinJhan M                                                                                                                                                                                                                                                                                 | 4a. Article Number<br>2. 5000000000000000000000000000000000000                                                                                                                                                                                            |
| 5. Beceived By: (Print Name)<br>Keese L. Dreke<br>5. Signalure (Addressee or Agent)<br>Kelse L. White<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                       | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                          | 5. Received By: (Print Name)<br>5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>6. Signature (Addressee or Agent)<br>9. PS Form 3811, December 1994                                                                                                                                                                                                                                       | B. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if sy<br>permit.<br>Write 'Raturn Receipt Requested' on the malipiece below the ac<br>The Return Receipt will show to whom the article was delivered<br>delivered.                             | 1. □ Addressee's Address     0       2. □ Restricted Delivery     0                                                                                                                                                                                                                                                | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if s<br>permit.<br>Write <i>Ratum Receipt Requested</i> on the mailpiece below the <i>i</i><br>diversed.                                                   | pace does not 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                             |
| 3. Article Addressed to:<br>Ruby Drake<br>1503 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                       | 4a. Article Number<br>25770091/3<br>4b. Service Type<br>□ Registered □ Certified<br>□ Express Mail □ Insured<br>□ Return Receipt for Merchandise □ COD<br>2 Date of Delivery                                                                                                                                       | 3. Article Addressed to:<br>Trinidad Burrola<br>5. Trinidad Burrola<br>1507 S. Cochran<br>Hobbs, NM 88240<br>B. C. T. T. O. L.<br>5. Received By: (Print Name)<br>C. C. ENNA PLATISLO                                                                                                                                                                                                                          | 4a. Article Number<br>Z 577009714<br>4b. Service Type<br>Registered Effectified<br>Express Mail Insured<br>B Return Receipt for Merchandise COD<br>7. Date of Delivery<br>21 Mar Z 100                                                                    |
| Received By: (Print Name)<br>Ruby Drake<br>Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                          | 8. Addresse's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                          | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                              | 8. Addresse's Address (Only if requested and<br>fee is paid)                                                                                                                                                                                              |
| S Form 3817 December 1994 SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                | 102595-99-8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                           | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99-8-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                        |
| Complete items 3, 4a, and 4b.<br>p Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece. or on the back if s<br>permit.<br>Write 'Raturn Receipt Requested' on the mailpiece below the<br>Write 'Raturn Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:                                                                    | 2. □ Restricted Delivery                                                                                                                                                                                                                                                                                           | <ul> <li>Printi your name and address on the reverse of this form so that<br/>card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if sp<br/>permit.</li> <li>Write '<i>Return Receipt Requested</i>' on the mailpiece below the <i>a</i><br/>The Return Receipt will show to whom the article was delivered.</li> </ul>                                                       | 1.        Addressee's Address         pace does not       2.        Restricted Delivery         article number.       d and the date       Addressee's Address                                                                                            |
| Gloria Arroyo<br>Reynaldo Arroyo<br>1235 S. Cochran<br>Hobbs, NM 88240<br>EuReceived By: (Print flame)                                                                                                                                                                                                                                                                                                                                             | Ab. Service Type       Accentified         Ab. Service Type       Accentified         Accentified       Insured         Bratum Receipt for Merchandise       COD         7. Date of Delivery       Accentified         8. Addressee's Address (Only if requested and fee is paid)       Requested and fee is paid) | 3. Article Addressed to:<br>Travis Stevenson<br>1603 S. Cochran<br>Hobbs, NM 88240<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                             | 4a. Article Number         4b. Service Type         Registered         Express Mail         Insured         Preturn Receipt for Merchandise         COD         7. Date of Delivery         2) $A_{\gamma}$ 8. Addressee's Address (Only if requested and |
| 6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                           | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                           | 6. Signature (Addressee or gent)<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                  |

| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | l also wish to receive the follow-<br>ing services (for an extra lee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | hat we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Altach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form s<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>permit.<br>D Write 'Return Receipt Requested' on the mailpiece below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Write "Return Receipt Requested" on the maileiner half                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | permit.<br>Ø ∰ □ Write "Return Receipt Requested" on the mailpiece below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. 🗋 Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | red and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6 delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | livered and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3. Article Addressed to:<br>a David Nance<br>E 1231 S. Cochran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Castle Ave Baptist Church                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2577004124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E G David Nance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 45/10M 241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 301 E Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E C David Nance<br>1231 S. Cochran<br>6 Hobbs, NM 88240<br>5 M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Registered     Certified     Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered     Gertified     Express Mail     Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Express Mail Insured .     Return Receipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Return Receipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | $= -1 \geq 1$ , $(1 + 1)$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 21 Mar Vou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. Addressee's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | $\sum_{n=1}^{\infty} \sum_{j=1}^{\infty} \frac{(\lambda_j) \sum_{j=1}^{\infty} b_{ij} + \lambda_j}{(\lambda_j) \sum_{j=1}^{\infty} b_{ij} + \lambda_j} \sum_{j=1}^{\infty} \frac{(\lambda_j) \sum_{j=1}^{\infty} b_{ij} + \lambda_j}{(\lambda_j) \sum_{j=1}^{\infty} b_{ij} + \lambda_j}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8. Addressee's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Went Laton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Signature (Addressive or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | F F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| GUY E Vasten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-B-0223 Domestic Return Recei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Print your name and address on the reverse of this form so the<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | at we can return this 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that we can return this 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Attach this form to the front of the mailpiece, or on the back if soemit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | space does not 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Attach this form to the front of the mailpiece, or on the back permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | if space does not 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Nrite "Return Receipt Requested" on the mailpiece below the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D Write "Return Receipt Requested" on the mailpiece below to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Number<br>Z 577009 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Virgil R Cross, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2011009611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E Roy L Bulter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 124 W Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AD. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 10000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Return Receipt for Merchandise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Return Receipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E 00<br>Hobbs, NM 88240<br>E 00<br>E | 7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $21 M_{\odot} (7000)$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Date of Delivery<br>ZING / ZOOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. Addressee's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5. Received By: (Print Name)<br>5. Received By: (Print Name)<br>Wera Butter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ol> <li>Addressee's Address (Only if requested and fee is paid)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CUTINZ (JOSS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ol> <li>Signature (Apdressee or Agent)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 6. Signature (Apdressee or Agent)<br>NUM A UTW<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 102595-99-8-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 MAR BUTUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 102595-99-B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Signature (Addressee or Agent)<br>Signature (Addressee or Agent)<br>Ford 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-8-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>ອີ 10 IA ມ 1000</u><br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| NDER:<br>molece liers 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99-8-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NDER:<br>Model and the services.<br>Model and the | 102595-99-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signature (Addressee or Agent)<br>Ford 3811, December 1994<br>NDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b.<br><sup>M1</sup> your name and address on the reverse of this form so that if to you.<br>tach this form to the front of the mailpiece, or on the back if sp.<br>min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 102595-99-B-0223       Domestic Return Receipt         I also wish to receive the follow-<br>ing services (for an extra fee):         Ne can return this<br>ace does not       1. <ul> <li>Addressee's Address</li> <li>2.              </li> <li>Destrict the following services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Liabon this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b,<br>mplete items 3, 4a, and 4b,<br>mplete items 4, and 4b,<br>mplete items 4, and 4b,<br>mplete items 5, 4a, and 4b,<br>mplete items 6, 4a, and 4b,<br>mplete items 6, 4b, and 4b,<br>mplete items 6, 4b, and 4b,<br>mplete items 7, 4b, and 4b,<br>mplete items 6, and 4b,<br>mplete items 7, 4b, and 4b,<br>mplete items 1, 4b, and 4b, and 4b,<br>mplete items 1, 4b, and 4b, and 4b, and 4b,<br>mplete items 1, 4b, and 4b, a                                                        | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the follow-<br>ing services (for an extra fee):         we can return this<br>ace does not<br>icle number.       1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Liabon this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):<br>that we can return this<br>if space does not<br>2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b,<br>mplete items 3, 4a, and 4b,<br>mplete items 3, 4a, and 4b,<br>ach this form to the front of the mailpiece, or on the back if sp.<br>mm.<br>te "Return Receipt Requested" on the mailpiece below the ar<br>e Return Receipt Requested on the mailpiece below the ar<br>e Return Receipt Requested on the mailpiece below the ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the follow-<br>ing services (for an extra fee):         we can return this<br>ace does not<br>icle number.       1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to you. Card to you. Card the front of the mailpiece, or on the back permit. The Return Receipt Requested on the mailpiece below th The Return Receipt will show to whom the article was delived                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):<br>that we can return this<br>if space does not<br>2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NDER:<br>molete items 1 and/or 2 for additional services.<br>molete items 3, 4a, and 4b,<br>molete items 3, 4a, and 4b,<br>molete items 3, 4a, and 4b,<br>molete items 4, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 7, 4a, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 7, 4a, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 7, 4a, a                        | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the follow-<br>ing services (for an extra fee):         I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to you. Card to you. Card the front of the mailpiece, or on the back permit. The Return Receipt Requested on the mailpiece below th The Return Receipt will show to whom the article was delived                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NDER:<br>molete items 1 and/or 2 for additional services.<br>molete items 3, 4a, and 4b,<br>molete items 3, 4a, and 4b,<br>molete items 3, 4a, and 4b,<br>molete items 4, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 7, 4a, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 7, 4a, and 4b,<br>molete items 6, 4a, and 4b,<br>molete items 7, 4a, a                        | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Restricted Delivery</li> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Openational the date</li> </ul> 4a. Article Number       0.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to you. Card to you. Card the front of the mailpiece, or on the back permit. The Return Receipt Requested on the mailpiece below th The Return Receipt will show to whom the article was delived                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         Italso wish to  |
| Ignature (Addressee og Agent)<br>Ford 3811, December 1994<br>IDER:<br>molete items 1 and/or 2 for additional services.<br>molete items 3, 4a, and 4b,<br>at your name and address on the reverse of this form so that<br>d to you.<br>act his form to the front of the mailpiece, or on the back if sp.<br>mu.<br>It - Seturn Receipt Requested on the mailpiece below the ar<br>Refurn Receipt Requested on the mailpiece below the ar<br>Refurn Receipt will show to whom the article was delivered<br>Vered.<br>Cle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Restricted Delivery</li> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Openational the date</li> </ul> 4a. Article Number       0.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following service type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ighature (Addressee og Agent)<br>Ford 3811, December 1994<br>IDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b.<br>1 your name and address on the reverse of this form so that<br>1 your name and address on the reverse of this form so that<br>1 your name and address on the reverse of this form so that<br>1 your name and address on the reverse of this form so that<br>1 your name and address on the reverse of this form so that<br>1 your name and address on the reverse of this form so that<br>1 your name and address on the mailpiece, or on the back if sp.<br>m.<br>Ite "Return Receipt Reguested" on the mailpiece below the ar<br>Return Receipt Reguested on the mailpiece below the ar<br>Network Receipt will show to whom the article was delivered<br>vered.<br>Cle Addressed to:<br>Timmy Alan Calderon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         I. I Addressee's Address         2. Restricted Delivery         Idea Article Number         Z 5 77         4b. Service Type         Begistered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         Italso wish to receive the following services (for an extra fee):         If space does not         te anticle number.         ered and the date         4a. Article Number         2.         4a. Article Number         2.         4b. Service Type         Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Inditure (Addressee og Agent)<br>Ford 3811, December 1994<br>IDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b,<br>if your name and address on the reverse of this form so that if<br>your name and address on the reverse of this form so that if<br>to you.<br>ch this form to the front of the mailpiece, or on the back if sp.<br>mi.<br>te "Return Receipt Requested" on the mailpiece below the ar<br>Return Receipt Requested" on the mailpiece below the ar<br>Return Receipt will show to whom the article was delivered<br>vered.<br>Cle Addressed to:<br>Timmy Alan Calderon<br>104 W Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-B-0223       Domestic Return Receipt         I also wish to receive the follow-<br>ing services (for an extra fee):         Ne can return this<br>ace does not<br>licle number.<br>and the date         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Restricted Delivery</li> <li>Service Type</li> <li>Registered</li> <li>Express Mail</li> <li>Insured</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of the reverse of the reverse of this form so Complete items address on the reverse of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         if space does not the article number.         1. □ Addressee's Address         2. □ Restricted Delivery         4a. Article Number         4b. Service Type         □ Registered         □ Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Addressee og Agent)<br>Sourd Joseph Jos                                                                                                                                                                  | 102595-99-B-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Restricted Delivery</li> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Insured</li> <li>Express Mail</li> <li>Insured</li> <li>Service Tope</li> <li>Service Tope</li> <li>Control Insured</li> <li>Addressee Control Insured</li> <li>Insured</li> <li>Insured<!--</td--><td>SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of the reverse of the reverse of this form so Complete items address on the reverse of th</td><td>I also wish to receive the following services (for an extra fee):         if space does not the article number.         1.          <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Restricted Delivery</li> <li>Service Type</li> <li>Registered</li> <li>Express Mail</li> <li>Insured</li> <li>COD</li> </ul></td></li></ul> | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of this form so Card to you. Complete items and address on the reverse of the reverse of the reverse of this form so Complete items address on the reverse of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         if space does not the article number.         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Restricted Delivery</li> <li>Service Type</li> <li>Registered</li> <li>Express Mail</li> <li>Insured</li> <li>COD</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b,<br>nt your name and address on the reverse of this form so that if<br>d to you.<br>ach this form to the front of the mailpiece, or on the back if sp.<br>m.<br>ite "Return Receipt Requested" on the mailpiece below the are<br>Return Receipt Requested on the mailpiece below the are<br>Return Receipt New to whom the anticle was delivered<br>viered.<br>icle Addressed to:<br>Timmy Alan Calderon<br>104 W Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         if space does not the article number.         1       Addressee's Address         2       Restricted Delivery         4a. Article Number       Address         4b. Service Type       Service Type         Registered       Certified         Express Mail       Insured         Aeturn Receipt for Merchandise       COD         7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature (Addressee or Agent)<br>Ford 3811, December 1994<br>NDER:<br>molece items 1 and/or 2 for additional services.<br>molece items 3, 4a, and 4b,<br>mit your name and address on the reverse of this form so that it<br>to you.<br>tach this form to the front of the mailpiace, or on the back if sp.<br>mit,<br>the Return Receipt Requested on the mailpiece below the ar<br>le Return Receipt will show to whom the article was delivered<br>livered.<br>ticle Addressed to:<br>Timmy Alan Calderon<br>104 W Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form to the form the article was delive delivered. Complete items and addressed to: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         if space does not the anticle number.         1.       Addressee's Address         2.       Restricted Delivery         4a. Article Number.         4b. Service Type         Registered         Express Mail         Express Mail         Insured         Paturn Receipt for Merchandise         7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NDER:<br>mplete items 1 and/or 2 for additional services.<br>mplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b,<br>n your name and address on the reverse of this form so that if do you.<br>ach this form to the front of the mailpiece, or on the back if spirmat.<br>The 'Return Receipt Requested' on the mailpiece below the are<br>a Return Receipt Requested on the anticle was delivered<br>iccle Addressed to:<br>Timmy Alan Calderon<br>104 W Castle<br>Hobbs, NM 88240<br>Served By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form so card to you. Complete items and address on the reverse of this form to the form the article was delive delivered. Complete items and addressed to: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         If space does not the article number.         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive t |
| IDER:<br>The second seco                                                                                                                                                                   | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Complete items 3, 4a, and 4b. Complete items and address on the reverse of this form so card to you. Card to y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         If space does not the article number.         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive t |
| IDER:<br>Topological and/or 2 for additional services.<br>Pore 3811, December 1994<br>IDER:<br>Topolea items 1 and/or 2 for additional services.<br>Topolea items 3, 4a, and 4b,<br>no your name and address on the reverse of this form so that if a<br>ach this form to the front of the mailpiece, or on the back if spin<br>mat.<br>The form Receipt Requested on the mailpiece below the ar<br>Return Receipt Recuested on the mailpiece below the ar<br>Return Receipt Recuested on the mailpiece below the ar<br>Return Receipt Mill show to whom the article was delivered<br>wired.<br>Timmy Alan Calderon<br>104 W Castle<br>Hobbs, NM 88240<br>Served By: (Print Name)<br>VII CAL CALLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 102595-99-8-0223       Domestic Return Receipt         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive the following services (for an extra fee):         I also wish to receive th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the maipiece, or on the back<br>permit.<br>Write 'Return Receipt will show to whom the anticle was delive<br>delivered.<br>3. Article Addressed to:<br>Raymond Bryant Jr.<br>102 E. Palace<br>Hobbs, NM 88240<br>5. Received By: (Print Name)<br>Mr S. Raymond Bryant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         If space does not the article number.         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive the following services (for an extra fee):         It also wish to receive t |

|                                                                                          |                                                                                                                                                                                                | <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SENDER:                                                                                  | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                         | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive the follow-                                              |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.      | ÷                                                                                                                                                                                              | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ing services (for an extra fee):                                                |
| Print your name and address on the reverse of this form<br>and to your                   | n so that we can return this 1. 🗌 Addressee's Address                                                                                                                                          | <ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back of the total price of total price</li></ul> | so that we can return this<br>1.                                                |
| Attach this form to the front of the mailpiece, or on the t                              | n so that we can return this<br>Dack if space does not<br>1.<br>Addressee's Address<br>2.<br>Restricted Delivery                                                                               | Attach this form to the front of the mailpiece, or on the base permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ack if space does not 2.  Restricted Delivery                                   |
| permit.  Write "Return Receipt Requested" on the mailpiece bel                           | ow the anticle number.                                                                                                                                                                         | Write "Return Receipt Requested" on the mailpiece belo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | w the article number.                                                           |
| The Return Receipt will show to whom the article was<br>delivered.                       | and ite number.     to       delivered and the date     to       4a. Article Number.     to       4b. Service Type     Pertified       Argistered     Pertified       Express Mail     Insured | 6delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | telivered and the date                                                          |
| 3. Article Addressed to:                                                                 | 7.577009428                                                                                                                                                                                    | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4a. Article Number<br>2,577,009,710                                             |
| Lucille Lee                                                                              | 4b. Service Type                                                                                                                                                                               | E Inches Gaston (10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b. Service Type                                                                |
| 209 W. Palace                                                                            | Registered Certified                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registered     Recentified                                                      |
| Hobbs, NM 88240                                                                          | 다 Express Mail 다 Insured 등                                                                                                                                                                     | 60 Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Express Mail                                                                    |
|                                                                                          | Return Receipt for Merchandise COD                                                                                                                                                             | S Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Return Receipt for Merchandise COD                                              |
|                                                                                          | 7. Date of Delivery                                                                                                                                                                            | AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7. Date of Delivery                                                             |
|                                                                                          | 7. Date of Delivery<br>21 M 4 Y 200<br>8. Addressee's Address (Only if requested and<br>fee is paid)                                                                                           | The secured By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21 May 2000                                                                     |
| 5. Received By: (Print Name)                                                             | fee is paid)                                                                                                                                                                                   | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ol> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> </ol> |
| 6. Signature (Address ar or Agent)                                                       |                                                                                                                                                                                                | 5 6. Signature (Addressee or Action)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |
| Likille H Let                                                                            |                                                                                                                                                                                                | 2 Chri Barta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| PS Form 3811, December 1994                                                              | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                       | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-B-0223 Domestic Return Receipt                                        |
|                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                           |
|                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
| SENDER:                                                                                  | I also wish to receive the follow-                                                                                                                                                             | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive the follow-                                              |
| Complete items 1 and/or 2 for additional services.                                       | ing services (for an extra fee):                                                                                                                                                               | α □ Complete items 1 and/or 2 for additional services.<br>α □ Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing services (for an extra fee):                                                |
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form | so that we can return this                                                                                                                                                                     | D Print your name and address on the reverse of this form s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | so that we can return this                                                      |
| card to you.<br>Attach this form to the front of the mailpiece, or on the ba             | I. LI Audressee's Address                                                                                                                                                                      | Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form s     card to you.     Attach this form to the front of the mailpiece, or on the bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ck if space does not                                                            |
| permit.                                                                                  |                                                                                                                                                                                                | <ul> <li>permit.</li> <li>D Write "Return Receipt Requested" on the mailpiece below</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2.  Hestricted Delivery                                                         |
| The Return Receipt will show to whom the article was up                                  | 4a. Article Number                                                                                                                                                                             | The Return Receipt will show to whom the article was de delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | livered and the date                                                            |
| delivered.<br>. Article Addressed to:                                                    | 4a. Article Number                                                                                                                                                                             | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4a. Article Number                                                              |
| Bishand Durate Data at                                                                   | 2577004010                                                                                                                                                                                     | E Robert E. Buss<br>M.A. Maddux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2577 009718                                                                     |
| Richard Dwain Etheridge<br>Rose Hester                                                   | 4b. Service Type                                                                                                                                                                               | 6 M.A. Maddux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service Type                                                                |
| 1215 S. Cochran                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registered Certified                                                            |
| Hobbs, NM 88240                                                                          |                                                                                                                                                                                                | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Express Mail Insured Return Receipt for Merchandise COD                         |
| 110003, 1111 86240                                                                       | <u></u>                                                                                                                                                                                        | S 1607 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of Delivery                                                             |
|                                                                                          | 7. Date of Delivery<br>2 Mar 2102                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 21 MCy 2 b00<br>8. Addresse's Address (Only if requested and<br>fee is paid)    |
| Deviced Dev (Briet Name)                                                                 | 8. Addressee's Address (Only if requested and                                                                                                                                                  | E <u>Featline</u> M, Buss<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8. Addressee's Address (Only if requested and                                   |
| 5. Received By: (Print Name)<br>Pose Hestel                                              | fee is paid)                                                                                                                                                                                   | I and a Bar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee is paid)                                                                    |
| Signature (Addressee or Agent)                                                           |                                                                                                                                                                                                | 5 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| b. Signature (Audressey of Agent)                                                        |                                                                                                                                                                                                | λ γ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| PS Form <b>3811</b> , December 1994                                                      | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                       | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-B-0223 Domestic Return Receipt                                        |
| PS Form 3011, December 1994                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
|                                                                                          | 1                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
| ENDER:                                                                                   |                                                                                                                                                                                                | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive the follow-                                              |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b,      | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                         | on Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ing services (for an extra fee):                                                |
| Print your name and address on the reverse of this form s<br>card to you.                | 30 that we can return this                                                                                                                                                                     | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | that we can return this                                                         |
| Attach this form to the front of the mailplece, or on the bar                            | ck if ensee date and 1. Addressee's Address                                                                                                                                                    | <ul> <li>and to you.</li> <li>a card to you.</li> <li>a Attach this form to the front of the malipiace, or on the back</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | that we can return this<br>t is space does not                                  |
| Write "Potum Poppint Desures in                                                          | 2 Bestricted Delivery                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Restricted Delivery                                                          |
| The Return Receipt will show to whom the article was del<br>delivered.                   | livered and the date                                                                                                                                                                           | <ul> <li>permit.</li> <li>C Write "Return Receipt Requested" on the mailpiece below I</li> <li>D The Return Receipt will show to whom the article was delived.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | vered and the date                                                              |
| Article Addressed to:                                                                    |                                                                                                                                                                                                | 5delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Number                                                              |
| Timmothy Ward                                                                            | 4a. Article Number $75709551$                                                                                                                                                                  | 3. Article Addressed to<br>James A. De Soto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2577009024                                                                      |
| Mary Ward                                                                                |                                                                                                                                                                                                | E 205 W. Palace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service Type                                                                |
| Mary Ward<br>1219 S. Cochran                                                             | Registered     Registered                                                                                                                                                                      | 0. Habbs NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registered Rectified                                                            |
| Hobbs, NM 88240                                                                          | Express Mail                                                                                                                                                                                   | S Internet of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Express Mail                                                                    |
|                                                                                          | 4b. Service Type     4b. Service Type       Registered     Certified       Express Mail     Insured       Return Receipt for Merchandise     COD                                               | <u>HE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Return Receipt for Merchandise                                                  |
|                                                                                          | 7. Date of Delivery                                                                                                                                                                            | 5. Received By: (Print Mame)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | k if space does not       1                                                     |
| Mary Ward,                                                                               | 21 MAN ZOOD 3                                                                                                                                                                                  | Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2/11/arch LOD                                                                   |
| Received By: (Print Name)                                                                | 8. Addressee's Address (Only if requested and<br>fee is paid)                                                                                                                                  | 5. Received By: (Print Mame)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8. Addressee's Address (Only if requested and                                   |
| Nary totatol                                                                             | fee is paid)                                                                                                                                                                                   | # mary 10 solo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | fee is paid)                                                                    |
| Signature (Apdressee or Agent)                                                           | ~ ₽                                                                                                                                                                                            | 5 6. Stuppture (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
|                                                                                          | _ 1                                                                                                                                                                                            | * IV/ary De Soto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |
| Form 3811, December 1994                                                                 | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                       | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-B-0223 Domestic Return Receipt                                        |
|                                                                                          |                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |
|                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |

. . . . . .

.

| SENDER:                                                                                                                                                                                                                                                                                                                   |                                                | also wish to receive the follow ng services (for an extra fee):                                          |                                       | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                               |                                                             | I also wish to receive the follow ing services (for an extra fee):                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp                                                                                                                                  | cone dose pot                                  | . Addressee's Address                                                                                    |                                       | <ul> <li>Print your name and address on the reverse of this form<br/>card to you.</li> <li>Attach this form to the front of the mailpiece, or on the base</li> </ul>                                                                                                                                                                         |                                                             | 1.  Addressee's Address 2. Restricted Delivery                                                     |
| permit.<br>Twrite "Return Receipt Requested" on the mailpiece below the a<br>The Return Receipt will show to whom the article was delivered                                                                                                                                                                               | article number.                                | 2. 🔲 Restricted Delivery                                                                                 | eipt                                  | Write "Return Receipt Requested" on the mailpiece belo<br>The Return Receipt will show to whom the article was du<br>delivered.                                                                                                                                                                                                              | alivered and the date                                       |                                                                                                    |
| delivered.<br>Article Addressed to:                                                                                                                                                                                                                                                                                       | 4a. Article Numb                               | er MA LOLOX                                                                                              | Return Rec                            | 3. Article Addressed to:<br>Donna Erwin                                                                                                                                                                                                                                                                                                      | 4a. Article Nu<br>E5                                        | 11009596                                                                                           |
| Richard L. Bailey<br>1209 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                   | 4b. Service Type<br>Registered<br>Express Mail | Certified                                                                                                | ing F                                 | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                              | 4b. Service T<br>□ Registered<br>□ Express M                | Certified                                                                                          |
|                                                                                                                                                                                                                                                                                                                           | 7. Date of Delive                              | for Merchandise □COD                                                                                     | 10                                    |                                                                                                                                                                                                                                                                                                                                              | 7. Date of Del                                              |                                                                                                    |
| Regeived By: (Print Name)<br>KILLHARD<br>Signature (Addressee or Agent) (.)<br>Signature (Addressee or Agent) (.)                                                                                                                                                                                                         | 8. Addressee's <i>fee is paid</i>              | ddress (Only if requested and                                                                            | Thank you                             | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                            |                                                             | s Address (Only if requested and                                                                   |
| Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                          | 102595-99-B-                                   | Domestic Return Recei                                                                                    |                                       | PS form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                          | 102595-99                                                   | B-0223 Domestic Return Recei                                                                       |
|                                                                                                                                                                                                                                                                                                                           |                                                |                                                                                                          | ·                                     |                                                                                                                                                                                                                                                                                                                                              |                                                             | -                                                                                                  |
| DER:<br>pplete items 1 and/or 2 for additional services.<br>mplete items 3, 4a, and 4b.                                                                                                                                                                                                                                   |                                                | o wish to receive the follow-<br>services (for an extra fee):                                            | se side?                              | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>P rinit your name and address on the reverse of this form sr                                                                                                                                                                               | ) that we can return this                                   | I also wish to receive the follow-<br>ing services (for an extra fee):                             |
| npere lemits 3, 44, and 90.<br>It your name and address on the reverse of this form so that we<br>at how our and address on the mailpiece, or on the back if space<br>riti.<br>It is the second of the second address of the mailpiece below the articl<br>Return Receipt will show to whom, the article was delivered an | e does not 2. [<br>le number.                  | Addressee's Address<br>Restricted Delivery                                                               | sipt Service.<br>on the reverse side? | <ul> <li>□ Finit your name and address of the reverse of this form is to a card to you.</li> <li>□ Attach this form to the front of the mailpiece, or on the bac permit.</li> <li>□ Write "<i>Return Receipt Requested</i>" on the mailpiece below</li> <li>□ The Return Receipt will show to whom the article was defidelivered.</li> </ul> | k if space does not<br>the article number.                  | 1.   Addressee's Address 2.  Restricted Delivery                                                   |
| ered.                                                                                                                                                                                                                                                                                                                     | 4a. Article Number                             | - 00 / 01                                                                                                | Return Recei<br>completed c           | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                     | 4a. Article Nun<br>757                                      | 7009594                                                                                            |
| Wilson R. Jackson                                                                                                                                                                                                                                                                                                         | Z 577<br>4b. Service Type                      | OLM GUT                                                                                                  | eturn<br>ompl                         | Johnnie A. Savell<br>501 W. Castle                                                                                                                                                                                                                                                                                                           | 4b. Service Ty                                              | pe                                                                                                 |
| 1207 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                        | Registered     Express Mail                    | Merchandise                                                                                              | using F<br>DRESS                      | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                              | Registered     Express Ma     Freium Recei                  | /                                                                                                  |
| <u>{</u>                                                                                                                                                                                                                                                                                                                  | 7 Date of Delivery                             | rch 2000                                                                                                 | you for<br>JRN AD                     |                                                                                                                                                                                                                                                                                                                                              | 7. Date of Deliv<br>21 M                                    | av 2000                                                                                            |
| eived By: (Print Name)<br>1   Son K Jackson<br>nature (Addressee or Agent) []                                                                                                                                                                                                                                             |                                                | ress (Only if requested and                                                                              | Thank )<br>your <u>RETU</u>           | 5. Received By: (Print Name)<br>Rife: Grout F.S.<br>6. Signature (Addressee or Agen)                                                                                                                                                                                                                                                         | 8. Addressee's<br>fee is paid)                              | Address (Only if requested and                                                                     |
| Weilen N feetin                                                                                                                                                                                                                                                                                                           |                                                | 3 Domestic Return Receipt                                                                                | ls ye                                 | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                          | 102595-99-1                                                 | B-0223 Domestic Return Receip                                                                      |
| orm <b>3811,</b> December 1994                                                                                                                                                                                                                                                                                            | 1025 <del>95-99-</del> B-022                   | 3 Domestic Neturn Necelpt                                                                                | 1.                                    |                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                    |
| DER:<br>plete items 1 and/or 2 for additional services.<br>plete items 3, 4a, and 4b.<br>your name and address on the reverse of this form so that we of<br>to you.<br>h this form to the front of the mailpiece, or on the back if space                                                                                 | can return this                                | wish to receive the follow-<br>ervices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | Service.<br>• reverse side?           | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so<br>card to you.<br>Attach this form to the front of the mailpiece, or on the baci                                                                                               |                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. 	 Addressee's Address |
| it.<br>"Return Receipt Requested" on the mailpiece below the article<br>eturn Receipt will show to whorn the article was delivered and<br>ared.                                                                                                                                                                           | a number.<br>d the date                        |                                                                                                          | Receipt So<br>ad on the r             | permit.<br>U Write "Return Receipt Requested" on the mailpiece below<br>The Return Receipt will show to whom The article was deli-<br>delivered.                                                                                                                                                                                             | lhe article number.                                         | 2.  Restricted Delivery                                                                            |
|                                                                                                                                                                                                                                                                                                                           | a. Article Number                              | 09 641                                                                                                   | ~ 2                                   | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                     | 4a. Article Num<br>Z57                                      | 7009 609                                                                                           |
|                                                                                                                                                                                                                                                                                                                           | 1b. Service Type<br>Registered                 | ECertified                                                                                               | g Returi<br>comple                    | Francís La Casse<br>1213 S. Cochran                                                                                                                                                                                                                                                                                                          | 4b. Service Typ                                             |                                                                                                    |
| Hobbs, NM 88241                                                                                                                                                                                                                                                                                                           | Express Mail                                   |                                                                                                          | for usin<br>DRESS                     | Hobbs, NNI 88240                                                                                                                                                                                                                                                                                                                             | Express Ma                                                  | il  Dinsured Insured Insured Differentiate                                                         |
| ived By: (Print Name)                                                                                                                                                                                                                                                                                                     | 3. Addressee's Add<br>fee is paid)             | ess (Only if requested and                                                                               | Thank you<br>our <u>RETURN AC</u>     | 5, Beceived By: (Print Name)                                                                                                                                                                                                                                                                                                                 | 7. Date of Deliv<br>21 Ma<br>8. Addressee's<br>fee is paid) | Address (Only if requested and                                                                     |
|                                                                                                                                                                                                                                                                                                                           |                                                |                                                                                                          | ý                                     | FUZNONS In CASED/                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                                    |

. . . . . . . . .

| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.                                                                |                                                                                         | I also wish to receive the for<br>ing services (for an extra fe<br>1. □ Addressee's Address | ee):                                          | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this for<br>card to you.                                                                                                                                                   |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <ul> <li>□ Attach this form to the front of the mailpiece, or on the back if sp permit.</li> <li>□ Write "Return Receipt Requested" on the mailpiece below the a<br/>□ The Return Receipt will show to whom the article was delivered</li> </ul> | irticle number.                                                                         | 2.  Restricted Delivery                                                                     | Ipt Service                                   | Complete items 3, 4a, and 4b.     Drint your name and address on the reverse of this for card to you.     Attach this form to the front of the mailpiece, or on the permit.     Write 'Return Receipt Requested' on the mailpiece b     Dra Return Receipt will show to whom the article was delivered.                    | elow the article number.                                                    |
| delivered.<br>B. Article Addressed to:                                                                                                                                                                                                           | 4a. Article Nu                                                                          | Imber                                                                                       | Receipt                                       | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                   | 4a. Article N                                                               |
|                                                                                                                                                                                                                                                  | ZJ                                                                                      | 77 009 71                                                                                   |                                               | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                   | 257                                                                         |
| Jimmy James Jones<br>Billy E. Walker                                                                                                                                                                                                             | 4b. Service T                                                                           | ype                                                                                         | using Return                                  | Robert Summers                                                                                                                                                                                                                                                                                                             | 4b. Service                                                                 |
| 1411 S. Turner                                                                                                                                                                                                                                   | Registered                                                                              | d La Certifie                                                                               |                                               |                                                                                                                                                                                                                                                                                                                            | C Registere                                                                 |
| Hobbs, NM 88240                                                                                                                                                                                                                                  | Express M                                                                               | hail 🗌 Insured                                                                              | ing a                                         | PO Box 278                                                                                                                                                                                                                                                                                                                 | Express                                                                     |
| 110003, 1411 08240                                                                                                                                                                                                                               | Return Rece                                                                             | eipt for Merchandise 🛛 COD                                                                  | ii u                                          | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                            | Return Re                                                                   |
|                                                                                                                                                                                                                                                  | 7. Date of De                                                                           | ivery -70%                                                                                  | j                                             | PO Box 278<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                              | 7. Date oko                                                                 |
|                                                                                                                                                                                                                                                  |                                                                                         | Mar 200                                                                                     | and und und und und und und und und und u     | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                               | 8. Addresse                                                                 |
| Received By: (Print Name)                                                                                                                                                                                                                        | 8. Addressee'<br>fee is paid)                                                           | 's Address (Only if requested                                                               | and Let                                       |                                                                                                                                                                                                                                                                                                                            | fee is pair                                                                 |
| forethe walker                                                                                                                                                                                                                                   |                                                                                         |                                                                                             | F                                             | 5 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                        |                                                                             |
| Signature (Addressee or Agent)                                                                                                                                                                                                                   |                                                                                         |                                                                                             |                                               | s MLC Derman                                                                                                                                                                                                                                                                                                               |                                                                             |
| 2811 December 1994                                                                                                                                                                                                                               | 102595-99                                                                               | -B-0223 Domestic Return R                                                                   |                                               | <sup>29</sup> PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                          | 102595-9                                                                    |
| S Form <b>3811</b> , December 1994                                                                                                                                                                                                               | 105292-99                                                                               | -p-0223 Domestic Neturi h                                                                   | ,<br>i                                        | ,                                                                                                                                                                                                                                                                                                                          |                                                                             |
| SENDER:                                                                                                                                                                                                                                          |                                                                                         | I also wish to receive the for<br>ing services (for an extra for                            | ollow-                                        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                             |                                                                             |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                    | t we can return this                                                                    |                                                                                             | ri.                                           | Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this for<br>card to you.<br>D Altach this form to the front of the malpiece, or on the<br>permit.<br>D Write <i>Telturn Receipt Requested</i> on the malpiece build<br>the Return Receipt will show to whom the article was<br>delivered. |                                                                             |
| Print your name and address on the reverse of this form so that card to you.                                                                                                                                                                     |                                                                                         | 1. 🖸 Addressee's Address                                                                    | vice s                                        | Altach this form to the front of the malpiece, or on the permit.                                                                                                                                                                                                                                                           |                                                                             |
| Attach this form to the front of the mailpiece, or on the back if a permit.                                                                                                                                                                      |                                                                                         | 2. C Restricted Delivery                                                                    | Ser                                           | Write 'Return Receipt Requested' on the mailpiece but the mailpiece but the Return Receipt will show to whom the article was                                                                                                                                                                                               | elow the article number.<br>delivered and the date                          |
| Write "Return Receipt Requested" on the mailpiece below the<br>The Return Receipt will show to whom the article was delivered                                                                                                                    | article number.<br>ed and the date                                                      |                                                                                             | bt.                                           | 6 delivered.                                                                                                                                                                                                                                                                                                               |                                                                             |
| delivered.                                                                                                                                                                                                                                       | 4a. Article N                                                                           | umber                                                                                       | əə                                            | 3. Article Addressed to:<br>Don & Mary White                                                                                                                                                                                                                                                                               | 4a. Article N                                                               |
| Article Addressed to:                                                                                                                                                                                                                            | 257                                                                                     | 7009 077                                                                                    | E i                                           |                                                                                                                                                                                                                                                                                                                            | 4b, Service                                                                 |
| Cecil Wayne Luttruli                                                                                                                                                                                                                             | 4b. Service T                                                                           | Tune                                                                                        | fi                                            | E Don & Mary White                                                                                                                                                                                                                                                                                                         | D Registere                                                                 |
| Violet Louise Luttrull                                                                                                                                                                                                                           | Registere                                                                               |                                                                                             | ed 🛱 🖁                                        | 6, Baber Well Servicing Co<br>26 PO Box 664                                                                                                                                                                                                                                                                                | Express I                                                                   |
| 321 W. Palace                                                                                                                                                                                                                                    | Express N                                                                               | /                                                                                           |                                               |                                                                                                                                                                                                                                                                                                                            | Setum Ret                                                                   |
| Hobbs, NM 88240                                                                                                                                                                                                                                  |                                                                                         | ceipt for Merchandise COD                                                                   | Sn, C                                         | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                            | 7. Date of D                                                                |
|                                                                                                                                                                                                                                                  | 7. Date of De                                                                           | elivery                                                                                     | Thank you for using Return Receipt Service    |                                                                                                                                                                                                                                                                                                                            | 1. Date of D                                                                |
|                                                                                                                                                                                                                                                  | 21M                                                                                     | ar ZOOD                                                                                     | ny k                                          | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                               | 8. Addresse                                                                 |
| Received By: (Print Name)                                                                                                                                                                                                                        | 8. Addressee                                                                            | e's Address (Only if requested                                                              | and t                                         | Ammy Filme                                                                                                                                                                                                                                                                                                                 | fee is paid                                                                 |
| Wayne Cutt IN 1                                                                                                                                                                                                                                  | fee is paid                                                                             | d)                                                                                          | Ë                                             | 5 -6. Gigneture (Addressee or Adeht)                                                                                                                                                                                                                                                                                       |                                                                             |
| Signature (Addressee or Agent)                                                                                                                                                                                                                   |                                                                                         |                                                                                             |                                               | am tur                                                                                                                                                                                                                                                                                                                     |                                                                             |
| Jain Fulle                                                                                                                                                                                                                                       |                                                                                         |                                                                                             | ف                                             | PS Form 3811 December 1994                                                                                                                                                                                                                                                                                                 | 102595-9                                                                    |
| S Forf 3811, December 1994                                                                                                                                                                                                                       | 102595-9                                                                                | 99-8-0223 Domestic Return F                                                                 | Receipt                                       | _                                                                                                                                                                                                                                                                                                                          |                                                                             |
| ENDED.                                                                                                                                                                                                                                           |                                                                                         |                                                                                             |                                               | SENDER:                                                                                                                                                                                                                                                                                                                    |                                                                             |
|                                                                                                                                                                                                                                                  |                                                                                         | I also wish to receive the fol                                                              | llow-                                         | Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                         |                                                                             |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                              |                                                                                         | ing services (for an extra fee                                                              |                                               | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                              | n so that we can return this                                                |
| Print your name and address on the reverse of this form so that a<br>card to you.                                                                                                                                                                |                                                                                         | 1 ET Addresserts Add                                                                        | ice.                                          | card to you.                                                                                                                                                                                                                                                                                                               |                                                                             |
| Attach this form to the front of the mailpiece, or on the back if spa<br>permit.                                                                                                                                                                 | ace does not                                                                            | 1. Addressee's Address                                                                      | e re                                          |                                                                                                                                                                                                                                                                                                                            |                                                                             |
| Write "Return Receipt Requested" on the mailpiece below the an                                                                                                                                                                                   | ticle number.                                                                           | 2. 🗋 Restricted Delivery                                                                    | Serv<br>the                                   | Write "Return Receipt Requested" on the mailpiece be<br>The Return Receipt will show to whom the article was                                                                                                                                                                                                               | ow the article number.                                                      |
| The Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                     | and the date                                                                            |                                                                                             | eipt 9                                        | delivered.                                                                                                                                                                                                                                                                                                                 |                                                                             |
| Article Addressed to:                                                                                                                                                                                                                            | 4a. Article Nun                                                                         | mber 000 : 5                                                                                | eturn Recei                                   | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                   | 4a. Article Nu                                                              |
| The target                                                                                                                                                                                                                                       | 25                                                                                      | 17004105                                                                                    | י אמני אמני                                   | J.W. Neal                                                                                                                                                                                                                                                                                                                  | 1201                                                                        |
|                                                                                                                                                                                                                                                  | Ab Convine T                                                                            |                                                                                             | in terms                                      | Will Terry Trust                                                                                                                                                                                                                                                                                                           | 4b. Service T                                                               |
| Transito Florez Rodriguez                                                                                                                                                                                                                        | 4b. Service Ty                                                                          |                                                                                             | <u>ຼັ</u> ມັ                                  |                                                                                                                                                                                                                                                                                                                            | Registere                                                                   |
| 311 W. Palace                                                                                                                                                                                                                                    | Registered                                                                              |                                                                                             | _ v                                           |                                                                                                                                                                                                                                                                                                                            |                                                                             |
|                                                                                                                                                                                                                                                  | Registered     Express Ma                                                               | ail Dinsured                                                                                | sing                                          | Hobbs, NM 88241                                                                                                                                                                                                                                                                                                            |                                                                             |
| 311 W. Palace                                                                                                                                                                                                                                    | Registered     Express Ma                                                               | 1                                                                                           | r using Return Receipt<br>DDRESS completed on | Hobbs, NM 88241                                                                                                                                                                                                                                                                                                            | Return Rec                                                                  |
| 311 W. Palace                                                                                                                                                                                                                                    | Registered     Express Ma     Return Recei     7. Date of Deliv                         | ail Insured<br>ipt for Merchandise COD<br>very                                              | b AL                                          | Hobbs, NM 88241                                                                                                                                                                                                                                                                                                            | Return Rec                                                                  |
| 311 W. Palace<br>Hobbs, NM 88240                                                                                                                                                                                                                 | Registered<br>Express Ma<br>Return Recei<br>7. Date of Deliv                            | ail Insured<br>ipt for Merchandise COD<br>very<br>7 2003                                    | b AL                                          | Hobbs, NM 88241<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                            | 7. Date of De                                                               |
| 311 W. Palace<br>Hobbs, NM 88240<br>eccived By: ( <i>Print Name</i> )                                                                                                                                                                            | Registered<br>Express Ma<br>Return Recei<br>7. Date of Deliv<br>21 Ma<br>8. Addressee's | ail Insured<br>ipt for Merchandise COD<br>very                                              | b AL                                          | Hobbs, NM 88241<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                            | 7. Date of De<br>8. Addressee                                               |
| 311 W. Palace<br>Hobbs, NM 88240<br>eccived By: (Print Name)<br>775 (D R & C I i (une                                                                                                                                                            | Registered<br>Express Ma<br>Return Recei<br>7. Date of Deliv                            | ail Insured<br>ipt for Merchandise COD<br>very<br>7 2003                                    | ank you for<br>BETURN AL                      |                                                                                                                                                                                                                                                                                                                            | Express M     Return Rec     7. Date of De     8. Addressee     fee is paid |
| 311 W. Palace<br>Hobbs, NM 88240<br>Received By: (Print Name)<br>Y Ansi (- D) Rodrigues<br>Signature (Addressee or Agent)                                                                                                                        | Registered<br>Express Ma<br>Return Recei<br>7. Date of Deliv<br>21 Ma<br>8. Addressee's | ail Insured<br>ipt for Merchandise COD<br>very<br>7 2003                                    | Thank you for your BETURN AC                  | 6. Signature (Aderessee or Agent)                                                                                                                                                                                                                                                                                          | 7. Date of De<br>8. Addressee                                               |
| 311 W. Palace                                                                                                                                                                                                                                    | Registered<br>Express Ma<br>Return Recei<br>7. Date of Deliv<br>21 Ma<br>8. Addressee's | ail Insured<br>ipt for Merchandise COD<br>very<br>7 2003                                    | Thank you for the sour BETURN AC              | 6. Signature (Aderessee or Agent)                                                                                                                                                                                                                                                                                          | 7. Date of De<br>8. Addressee                                               |

.

iber. date ŝ. rticle Number 577009 ã 649 ervice Type using Ret Certified egistered . Insured press Mail etum Receipt for Merchandise COD È -2 Thank vou ′.\_\_ 00. dressee's Address (Only if requested and is paid) 102595-99-8-0223 Domestic Return Receipt I also wish to receive the follow-ing services (for an extra fee): turn lhis Thank you for using Return Receipt Service. 1. Addressee's Address ton 2. 
Restricted Delivery ber. Jatø Inticle Number 577 Service Type 5 5 1 gistered press Mail Insured turn Receipt for Merchandise 🔲 COD te of Delivery dressee's Address (Only if requested and is paid) 102595-99-B-0223 Domestic Return Receipt

I also wish to receive the follow-ing services (for an extra fee):

Sarvire

E

1. 
Addressee's Address

2. 
Restricted Delivery

| side      | SENDER:                                                                             |                    | I also wish to     | receive the follow- |           |
|-----------|-------------------------------------------------------------------------------------|--------------------|--------------------|---------------------|-----------|
| ŝ         | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b. |                    | ing services (     | (for an extra fee): |           |
| reverse   | Print your name and address on the reverse of this form so that w<br>card to you.   | ve can return this | 1                  |                     | ġ         |
| ٩٩<br>١   | Attach this form to the front of the mailpiece, or on the back if spa               | ce does not        |                    | see's Address       | Service   |
| ţ         | permit.                                                                             | icle number        | 2. D Restrict      | led Delivery        | ŝ         |
| 5         | The Return Receipt will show to whom the article was delivered a delivered.         | and the date       |                    |                     | ceipt     |
| Ed        | 3. Article Addressed to                                                             | 4a. Article Nu     | mber               |                     | Rec       |
| completed | J.W. Neal                                                                           | 2.57               | 700                | 7548                | Return F  |
| 5         | Will Terry Trust                                                                    | 4b. Service T      | / i <sup>.</sup> - | -0                  | etr       |
|           | PO Box 278                                                                          | Registered         |                    | Rertified           | 5         |
| DHESS     | Hobbs, NM 88241                                                                     | Express M          |                    | Insured             | using     |
|           |                                                                                     | Aeturn Rece        | apt for Merchandi  | se 🗌 COD            | ŗ         |
| Ā         |                                                                                     | 7. Date of Del     |                    |                     | ę         |
| E I       |                                                                                     | ڭ ا                | -21-0              | 20                  | Thank you |
| 1         | 5. Received By: (Print Name)                                                        |                    | s Address (Only    | y if requested and  | änk       |
| ř         | - <u></u>                                                                           | fee is paid)       |                    |                     | Ť         |
| your      | 6. Skillature (Addressee or Agent)                                                  |                    |                    |                     |           |
| Ś.        | 1 Flams                                                                             |                    |                    |                     |           |
|           | PS Form 3811, December 1994                                                         | 102595-99-         | B-0223 Dome        | stic Return Receipt |           |
|           |                                                                                     |                    |                    |                     |           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                              | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | • •                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | also wish to receive the follow-                                                                             | Complete items 1 and/or 2 for additional serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vices.                                                                                                                                                                                                                                                                                         | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | រោទ្                                                                                                                                                                                                                                  | g services (for an extra fee):                                                                               | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of this form so that we can return this                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Print your name and address on the reverse of this form so t<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | that we can return this                                                                                                                                                                                                               | Addressee's Address                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                | 1. 🗋 Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Attack this form to the front of the mailpiece, or on the back i<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | if concerned doors not                                                                                                                                                                                                                | Restricted Delivery                                                                                          | L A Denna.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                | 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Write "Return Receipt Requested" on the mailpiece below the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he article number.                                                                                                                                                                                                                    |                                                                                                              | Owner       Write *Return Receipt Requested* on the ma         Image: Construction of the second                                                                                                                                                                                                          | infice below the article number.<br>Inticle was delivered and the date                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The Return Receipt will show to whom the article was delived<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       | ······································                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Nu                                                                                                                                                                                                                                                                                 | mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Number                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 251                                                                                                                                                                                                                                                                                            | 7009102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Kenneth K. Batson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | 007007                                                                                                       | C Nova B. Niccum<br>C 309 W. Palace<br>C Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4b. Service T                                                                                                                                                                                                                                                                                  | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Bernice F. Wisdom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4b. Service Type                                                                                                                                                                                                                      |                                                                                                              | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 518 Abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Express Mail                                                                                                                                                                                                                          |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Express M                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Heturn Reci                                                                                                                                                                                                                                                                                    | ipt for Merchandise 🔲 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Delivery                                                                                                                                                                                                                   |                                                                                                              | AD 4D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of De                                                                                                                                                                                                                                                                                  | ivery Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3-21-                                                                                                                                                                                                                                 | 13 J                                                                                                         | no NE<br>5. Received By: (Print Name)<br>A ora, Nificenn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                | nar was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | dress (Only if requested and                                                                                 | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. Addressee<br>fee is paid                                                                                                                                                                                                                                                                    | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Les Dalas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fee is paid)                                                                                                                                                                                                                          | i                                                                                                            | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (ice is paid)                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\neg \neg$                                                                                                                                                                                                                           |                                                                                                              | & NAVA NICUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | //                                                                                                                                                                                                                                    |                                                                                                              | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| S Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99-B-022                                                                                                                                                                                                                       | 23 Domestic Return Receipt                                                                                   | PS Form <b>3011</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99                                                                                                                                                                                                                                                                                      | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                              | لم                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                              | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | teo wich to reach a the fellow                                                                               | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | Iso wish to receive the follow-<br>services (for an extra fee):                                              | Q Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                 |                                                                                                              | <ul> <li>Print your name and address on the reverse of<br/>card to you.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of this form so that we can return this                                                                                                                                                                                                                                                        | 1. 🗍 Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Print your name and address on the reverse of this form so th<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. [                                                                                                                                                                                                                                  | Addressee's Address                                                                                          | card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or on the back if space does not                                                                                                                                                                                                                                                               | 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1 Attach this form to the front of the mailpiece, or on the back if permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. [                                                                                                                                                                                                                                  | □ Addressee's Address                                                                                        | <ul> <li>permit.</li> <li>Write "Return Receipt Requested" on the mail</li> <li>The Bottom Receipt Advancements with the set of the</li></ul>                                                                                                                                         | piece below the article number.                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Write "Return Receipt Requested" on the mailpiece below the<br>The Return Receipt will show to whom the article was deliver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e article number.<br>red and the date                                                                                                                                                                                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ticle was delivered and the date                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |                                                                                                              | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Nu                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a. Article Number                                                                                                                                                                                                                    | D9569                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 257                                                                                                                                                                                                                                                                                            | 1004 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Jewle Bible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                              | Walter E. Cook<br>E Walter E. Cook<br>307 W. Palace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4b. Service Ty                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Betty Hawkins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b. Service Type                                                                                                                                                                                                                      | Effectified                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered                                                                                                                                                                                                                                                                                     | Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 310 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Express Mail                                                                                                                                                                                                                          | Contraction Contraction                                                                                      | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Express Ma                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Hobos, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | r Merchandise                                                                                                | ADDRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                | ipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Delivery                                                                                                                                                                                                                   | <b>į</b>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7. Date of Del<br>21 Mai                                                                                                                                                                                                                                                                       | Very<br>Tro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2 Mar                                                                                                                                                                                                                                 | dress (Only if requested and                                                                                 | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                | Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | dress (Only if requested and                                                                                 | RUTUN POR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | fee is paid)                                                                                                                                                                                                                                                                                   | Address (Only in requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| )ewel 13:16(ee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fee is paid)                                                                                                                                                                                                                          | Ě                                                                                                            | 5 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                              | S P. T. N. Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature (Addressee of Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                              | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature (Addressee of Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                                                                                                                                                                                                                                                      | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 102595-99-B-022                                                                                                                                                                                                                       | 23 Domestic Return Receipt                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                                                                                                                                                                                                                                                      | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Lewel Bible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-B-022                                                                                                                                                                                                                       | Domestic Return Receipt                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                                                                                                                                                                                                                                                      | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Lewel Bible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-B-022                                                                                                                                                                                                                       | Domestic Return Receipt                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                                                                                                                                                                                                                                                      | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Euroll Bill a<br>Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | 23 Domestic Return Receipt                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                                                                                                                                                                                                                                                      | B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lais                                                                                                                                                                                                                                  |                                                                                                              | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3.4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I als<br>ing s                                                                                                                                                                                                                        | so wish to receive the follow-<br>services (for an extra fee):<br>o                                          | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | res.                                                                                                                                                                                                                                                                                           | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Form 3811, December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | at we can return this                                                                                                                                                                                                                 | so wish to receive the follow-<br>services (for an extra fee):                                               | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tes.<br>I this form so that we can return this                                                                                                                                                                                                                                                 | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| S Form 3811, December 1994<br>S Form 3811, December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print you your name and address on the reverse of this form so that<br>Print you you.<br>Atlach this form to the front of the mailpiece, or on the back if so<br>around.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | at we can return this<br>space does not 2. []                                                                                                                                                                                         | so wish to receive the follow-<br>services (for an extra fee):<br>o                                          | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Pint your name and address on the reverse of<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | res.<br>I this form so that we can return this<br>r on the back if space does not                                                                                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1, and 40.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Atlach this form to the front of the malipiece, or on the back if s<br>permit.<br>Write " <i>Facture Receipt Requested</i> " on the malipiece below the.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | at we can return this<br>space does not<br>article number.                                                                                                                                                                            | so wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address                        | SENDER:<br>Complete items 1 and/or 2 for additional service<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of<br>card to you.<br>Attach ihis form to the front of the malipiece, or<br>permit.<br>Write "Return Receipt will show to whom the ari<br>C The Return Receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | res.<br>I this form so that we can return this<br>r on the back if space does not<br>siece below the article number.                                                                                                                                                                           | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| S Form 3811, December 1994<br>S Form 3811, December 1994<br>ENDER:<br>Complete items 1, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard your.<br>Attach this form to the front of the mailpiece, or on the back if so<br>permit.<br>Wite 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliverer<br>relivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ed and the date                                                                                                                                                         | so wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address                        | SENDER:     Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.     Complete items 3, 4a, and 4b.     Complete items and address on the reverse of<br>card to you.     DAtach his form to the front of the malipiece, or<br>permit.     Write "Return Receipt Requested" on the malip<br>I The Return Receipt will show to whom the ari<br>delivered.     Datach receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ies.<br>I this form so that we can return this<br>or on the back if space does not<br>piece below the article number.<br>cle was delivered and the date<br>4a. Article Num                                                                                                                     | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Form 3811, December 1994<br>Form 3811, December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>ard to you.<br>Mach this form to the front of the mailpiece, or on the back if so<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the<br>the Return Receipt will show to whom the article was deliverer<br>elivered.<br>Virticle Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | at we can return this<br>space does not<br>article number.                                                                                                                                                                            | so wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:     Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.     Complete items 3, 4a, and 4b.     Complete items and address on the reverse of<br>card to you.     DAtach his form to the front of the malipiece, or<br>permit.     Write "Return Receipt Requested" on the malip<br>I The Return Receipt will show to whom the ari<br>delivered.     Datach receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ies.<br>I this form so that we can return this<br>or on the back if space does not<br>piece below the article number.<br>cle was delivered and the date<br>4a. Article Num                                                                                                                     | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SPORT 3811, December 1994<br>SPORT 3811, December 1994<br>SNDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Consequences of the service of this form so the<br>additional services.<br>Consequences of the services of the services.<br>Consequences of the services.<br>Service 'Active Addressed to:<br>Consequences of the services.<br>Consequences of the services of the services.<br>Consequences of the services of the services.<br>Consequences of the services of the se     | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>25000000000000000000000000000000000000                                                                                         | so wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:     Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.     Complete items 3, 4a, and 4b.     Complete items and address on the reverse of<br>card to you.     DAtach his form to the front of the malipiece, or<br>permit.     Write "Return Receipt Requested" on the malip<br>I The Return Receipt will show to whom the ari<br>delivered.     Datach receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tes.<br>I this form so that we can return this<br>Ir on the back if space does not<br>piece below the article number.<br>cle was delivered and the date                                                                                                                                        | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Form 3811, December 1994<br>NDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard to you.<br>Vatach this form to the front of the mailpiece, or on the back if services.<br>Vite: Vfacum Receipt Requested* on the mailpiece below the<br>the Return Receipt will show to whom the article was delivered<br>lelivered.<br>Incide Addressed to:<br>Consepcion V. Zuniga<br>312 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type                                                                                                               | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:     Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.     Complete items 3, 4a, and 4b.     Complete items and address on the reverse of<br>card to you.     DAtach his form to the front of the malipiece, or<br>permit.     Write "Return Receipt Requested" on the malip<br>I The Return Receipt will show to whom the ari<br>delivered.     Datach receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tes.<br>I this form so that we can return this<br>r on the back if space does not<br>piece below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>2.5                                                                                                               | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Form 3811, December 1994<br>NDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard to you.<br>Vitac' his form to the front of the mailpiece, or on the back if a<br>sermit.<br>Vitice 'Actum Receipt Requested' on the mailpiece below the<br>the Retum Receipt will show to whom the article was delivered<br>relivered.<br>Vitice Addressed to:<br>Consepcion V. Zuniga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>25000000000000000000000000000000000000                                                                                         | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:     Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.     Complete items 3, 4a, and 4b.     Complete items and address on the reverse of<br>card to you.     DAtach his form to the front of the malipiece, or<br>permit.     Write "Return Receipt Requested" on the malip<br>I The Return Receipt will show to whom the ari<br>delivered.     Datach receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | res.<br>I this form so that we can return this<br>r on the back if space does not<br>siace below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>25<br>4b. Service Ty                                                                                              | I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         her         17       0009         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00 <td< td=""></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Form 3811, December 1994<br>NDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>ard to you.<br>Vatach this form to the front of the mailpiece, or on the back if services.<br>Vite: Vfacum Receipt Requested* on the mailpiece below the<br>the Return Receipt will show to whom the article was delivered<br>lelivered.<br>Incide Addressed to:<br>Consepcion V. Zuniga<br>312 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at we can return this<br>space does not<br>anticle number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type<br>Registered<br>Express Mail                                                                                 | Addressee's Address<br>Addressee's Address<br>Restricted Delivery                                            | SENDER:     Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.     Complete items 3, 4a, and 4b.     Complete items and address on the reverse of<br>card to you.     DAtach his form to the front of the malipiece, or<br>permit.     Write "Return Receipt Requested" on the malip<br>I The Return Receipt will show to whom the ari<br>delivered.     Datach receipt will show to whom the ari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tes.<br>I this form so that we can return this<br>r on the back if space does not<br>viace below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>4b. Service Ty<br>Begistered<br>Express Ma                                                                        | I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         her         17       0009         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00 <td< td=""></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and Address on the reverse of this form so that<br>ard to you.<br>Match this form to the front of the mailpiece, or on the back if so<br>Match this form to the front of the mailpiece, or on the back if so<br>Match this form to the front of the mailpiece below the<br>The Return Receipt will show to whom the article was delivered<br>belivered.<br>Viticle Addressed to:<br>Consepcion V. Zuniga<br>112 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>2000<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for                                                   | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the r | tes.<br>I this form so that we can return this<br>r on the back if space does not<br>viace below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>2.5<br>4b. Service Ty<br>Registered<br>Express Ma<br>2.5<br>4.5<br>4.5<br>4.5<br>4.5<br>4.5<br>4.5<br>4.5<br>4    | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted Deliver   |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so tha<br>card to you.<br>Atlach this form to the front of the mailpiece, or on the back if s<br>permit.<br>Write 'Heturn Receipt will show to whom the article was delivered<br>relivered.<br>Article Addressed to:<br>Consepcion V. Zuniga<br>112 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | at we can return this<br>space does not<br>e and the date<br>4a. Article Number.<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for<br>7. Date of Delivery                                                       | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the r | tes.<br>It this form so that we can return this<br>r on the back if space does not<br>biace below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>25<br>4b. Service Ty<br>Registered<br>Express Ma<br>PReturn Recei<br>7. Date of Deliv<br>21 Ma                   | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Res |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Atlach this form to the front of the mailpiece, or on the back if s<br>Match the <i>Hectipi Receipt Requested</i> <sup>2</sup> on the mailpiece below the.<br>The Return Receipt will show to whom the article was deliverer<br>selfivered.<br>Article Addressed to:<br>Consepcion V. Zuniga<br>312 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for<br>7. Date of Delivery<br>21 Marrie                       | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the r | tes.<br>I this form so that we can return this<br>r on the back if space does not<br>viece below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>2 5<br>4b. Service Ty<br>Registered<br>Express Ma<br>PReturn Recei<br>7. Date of Deli<br>21 M(2<br>8. Addressee's | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted Deliver   |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Atlach this form to the front of the mailpiece, or on the back if s<br>Match the <i>Hectipi Receipt Requested</i> <sup>2</sup> on the mailpiece below the.<br>The Return Receipt will show to whom the article was deliverer<br>selfivered.<br>Article Addressed to:<br>Consepcion V. Zuniga<br>312 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for<br>7. Date of Delivery<br>21 Marrie                       | So wish to receive the follow-<br>services (for an extra fee):                                               | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the r | tes.<br>It this form so that we can return this<br>r on the back if space does not<br>biace below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>25<br>4b. Service Ty<br>Registered<br>Express Ma<br>PReturn Recei<br>7. Date of Deliv<br>21 Ma                   | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Res |
| S Form 3811, December 1994<br>S Form 3811, December 1994<br>ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Atlach this form to the front of the mailpiece, or on the back if s<br>permit.<br>Write 'Recur Receipt Requested' on the mailpiece below the<br>The Refum Receipt will show to whom the article was delivered<br>vertice 'Return Receipt will show to whom the article was delivered<br>vertice 'Return Receipt will show to whom the article was delivered<br>vertice 'Return Receipt will show to whom the article was delivered<br>vertice 'Return Receipt will show to whom the article was delivered<br>vertice 'Return Receipt will show to whom the article was delivered<br>vertice 'Return Receipt will show to whom the article was delivered<br>self vertice 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the 'Return Receipt will show to whom the article was delivered<br>at the 'Return Receipt will show to whom the article was delivered<br>at the | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for<br>7. Date of Delivery<br>21 Mar 21<br>8. Addressee's Add | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the r | tes.<br>I this form so that we can return this<br>r on the back if space does not<br>viece below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>2 5<br>4b. Service Ty<br>Registered<br>Express Ma<br>PReturn Recei<br>7. Date of Deli<br>21 M(2<br>8. Addressee's | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Res |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your, name and address on the reverse of this form so that<br>card in you.<br>Atlach this form to the front of the mailpiece, or on the back if s<br>permit.<br>Write 'Return Receipt will show to whom the article was delivered<br>relevered.<br>Article Addressed to:<br>Consepcion V. Zuniga<br>112 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at we can return this<br>space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type<br>Registered<br>Express Mail<br>Return Receipt for<br>7. Date of Delivery<br>21 Mar 21<br>8. Addressee's Add | So wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery | SENDER:<br>Complete items 1 and/or 2 for additional servic<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the reverse of<br>card to you.<br>Complete items and address on the r | tes.<br>I this form so that we can return this<br>r on the back if space does not<br>viece below the article number.<br>cle was delivered and the date<br>4a. Article Num<br>2 5<br>4b. Service Ty<br>Registered<br>Express Ma<br>PReturn Recei<br>7. Date of Deli<br>21 M(2<br>8. Addressee's | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Res |

\_\_\_\_\_

---

, ·

• •

l I

i

|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.                                                                                                                                                    | ace does not 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | space does not 1. Addressee's Address<br>2. Restricted Delivery                                                                                                |
| U Write 'Return Receipt Requested' on the mailpiece below the ar<br>The Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                        | and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul> <li>permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the</li> <li>The Return Receipt will show to whom the article was deliver delivered.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | article number.                                                                                                                                                |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                | 4a. Article Number<br>2577 009 643                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Number<br>2577009 578                                                                                                                              |
| Ruby E Fortner<br>Robert Fortner<br>P O Box 1143<br>Hobbs, NM 882411143                                                                                                                                                                                                                                                                                                                                                 | 4b. Service Type<br>Registered<br>Express Mail<br>Anter A Deliver<br>Certified<br>Insured<br>Certified<br>Certified<br>Insured<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Certified<br>Cert | Richard Cano Cortez<br>400 Rainbow<br>Hobbs, NM 88240<br>5. Received By: (Bring Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4b. Service Type       Provide Type       Registered       Express Mail       Return Receipt for Merchandise       COD       7. Date of Delivery       3-21-00 |
| 5. Regelived Byl (Protestame)<br>FCLUI full full<br>3. Sigdature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                   | Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Received By: (Brink Name)<br>4. August<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Addressee's Address (Only if requested and fee is paid)                                                                                                     |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 102595-99-B-0223 Domestic Return Receip                                                                                                                        |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write "Return Receipt Requested" on the mailpiece below the a                                                                                   | ace does not 1. □ Addressee's Address 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Uvrite 'Return Receipt Reguested' on the mailpiece below the a<br>D the Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pace does not<br>2.  Restricted Delivery                                                                                                                       |
| The Return Receipt will show to whom the article was delivered delivered. Article Addressed to:                                                                                                                                                                                                                                                                                                                         | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Number<br>Z 577 009 697                                                                                                                            |
| Joyce Earlene King<br>307 West Shipp Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                              | 4b. Service Type<br>Registered Certified<br>Express Mail Insured E<br>Preturn Receipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Thorsten Karl Langner<br>305 West Shipp Dr<br>305 Hobbs, NM 88240<br>400<br>400<br>400<br>400<br>400<br>400<br>400<br>400<br>400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service Type       Registered       Express Mail       Return Receipt for Merchandise                                                                      |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                            | 7. Date of Delivery     0       3. 21-00     0       8. Addressee's Address (Only if requested and fee is paid)     1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Image: Strength Streng | 7. Date of Delivery<br>3. 21-PP<br>8. Addressee's Address (Only if requested and<br>fee is paid)                                                               |
| -5. Signature ( <i>Addressee or Agent)</i><br>-1.1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1                                                                                                                                                                                                                                                                                                                                  | 102595-99-8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 <u>W. Mars. Cre. s.M.</u><br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 102595-99-B-0223 Dornestic Return Receipt                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>ormit.<br>Uvite 'Return Receipt Requested' on the mailpiece below the a<br>Uvite 'Return Receipt will show to whom the article was delivered<br>celivered. | ace does not 2. 	☐ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>White 'Return Receipt Requested' on the mailpiece below the ar<br>the Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. □ Addressee's Address       vace does not       2. □ Restricted Delivery       rticle number.                                                               |
| B. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                | 4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4a. Article Number<br>2.577.009.590                                                                                                                            |
| Charles H Byrd<br>410 Shipp Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                       | 4b. Service Type<br>□ Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Article Addressed to:<br>Herbert F. Widman<br>411 Shipp Dr<br>Hobbs, NM 88240<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service Type<br>Registered<br>Express Mail<br>COD<br>COD<br>COD<br>COD                                                                                     |
| Received By: (Print Name)<br>ChloEANN Byrch<br>Signature (Addressee or Agent)<br>ChloE Jun, Byrch                                                                                                                                                                                                                                                                                                                       | 8. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5. Signature (AddresSee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee's Address (Only if requested and fee is paid)                                                                                                     |
| S Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99-8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 102595-99-8-0223 Domestic Return Receipt                                                                                                                       |

•

٠

| Schuber.       Complete items 1 and/or 2 for additional services.<br>Complete items 3 4a, and 4b.       Complete items 1 and/or 2 for additional services.<br>Complete items 3 4a, and 4b.       Complete items 3 4a, and 4b.       Complete items 4 address on the reverse of this form so that we can return this<br>card to you.       Complete items 1 and/or 2 for additional services.<br>Complete items 3 4a, and 4b.       Complete items 4 address on the reverse of this form so that we can return this<br>card to you.       Complete items 1 and/or 2 for additional services.<br>Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.         Umber 4 ator by 100 complete items 1 and/or 2 for additional services.<br>Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.         Umber 4 ator 2 for additional services.<br>Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.         Umber 4 ator 2 for additional services.<br>Complete items 5 4.4 and 4b.       Complete items 5 4.4 and 4b.         Umber 4 ator 2 for additional services.       Complete items 5 4.4 and 4b.         Umber 4 ator 2 for additional services of the mailpiece below the article number.       Complete items 5 4.4 and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Decision of the decision                                                                                                                                     | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive                                                                                                                                  | the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                                                                                                                                         | I also wish to receive the follow-                                                                                              |
| Definition of a definitio                                                                                                                                    | Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing services (for an e                                                                                                                                  | xtra fee): 0 Complete item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1s 1 and/or 2 for additional services.                                                                                                                                                         |                                                                                                                                                                         | ing services (for an extra fee):                                                                                                |
| Particle Delawy     P                                                                                                                                    | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | we can return this                                                                                                                                      | Print your nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1e and address on the reverse of this form so the                                                                                                                                              | hat we can return this                                                                                                                                                  | -                                                                                                                               |
| Particle Delawy     P                                                                                                                                    | card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Addressee's A                                                                                                                                           | ddress $3$ and to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | m to the front of the mailpiece, or on the back if                                                                                                                                             | fenace door not                                                                                                                                                         | 1.  Addressee's Address                                                                                                         |
| Der Bergelander der Berge                                                                                                                                    | D Attach this form to the front of the maliplece, or on the back if sp<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.  Restricted Deli                                                                                                                                     | verv ni permit,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         | <ol> <li>2.          Restricted Delivery     </li> </ol>                                                                        |
| Action Accessed to:     Rever Spring     Generation     Reverse Spring     Generation     Generation     Reverse Spring     Generation     Reverse Spring     Generation     ReverseSpring     Generation                                                                                                                                        | Write "Return Receipt Requested" on the mailpiece below the arr<br>D The Beturn Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                          | ticle number.<br>and the date                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | aceipt will show to whom the article was delive                                                                                                                                                | e article number.<br>red and the date                                                                                                                                   |                                                                                                                                 |
| Provide Standard Control Standard Contrel Standard Control Standard Control Standard Control Standard C                                                                                                                                    | delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         | O delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Provide Standard Control Standard Contrel Standard Control Standard Control Standard Control Standard C                                                                                                                                    | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | 4a. Article Nu                                                                                                                                                          |                                                                                                                                 |
| Provide Standard Control Standard Contrel Standard Control Standard Control Standard Control Standard C                                                                                                                                    | Robert Sepeda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         | <u>'&amp;)                                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iria E. Martinez                                                                                                                                                                               | <u>z3/</u>                                                                                                                                                              | 1009 589                                                                                                                        |
| Provide Standard Control Standard Contrel Standard Control Standard Control Standard Control Standard C                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         | ja 5 410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ) West Rainbow                                                                                                                                                                                 |                                                                                                                                                                         |                                                                                                                                 |
| Provide Standard Control Standard Contrel Standard Control Standard Control Standard Control Standard C                                                                                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         | Pertined by Sol Ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | bbs. NM 88240                                                                                                                                                                                  |                                                                                                                                                                         | 7                                                                                                                               |
| Proceedings of the second data and the se                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Converted by (Previolation)     Converted by (Previolatio                                                                                                                                    | 10003, 111 00240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Return Receipt for Merchandise                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Return Rece                                                                                                                                                             | ipt for Merchandise 🔲 COD                                                                                                       |
| Service In a data work in cracting the data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of the data work in the data                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Date of Pelivery                                                                                                                                     | u fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Service In a data work in cracting the data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of points and in a data work in cracting the following of the data work in the data                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,71.44                                                                                                                                                 | × ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Second S                                                                                                                                | 5 Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         | rested and E E 5. Heceived By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | : (Print Name)                                                                                                                                                                                 | 8. Addressee                                                                                                                                                            | s Address (Only if requested and                                                                                                |
| Minimum Lindex     Minimum                                                                                                                                     | BLAND SHOULD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | fee is paid)                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | = martinez ·                                                                                                                                                                                   | fee is paid)                                                                                                                                                            |                                                                                                                                 |
| Minimum Lindex     Minimum                                                                                                                                     | Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7                                                                                                                                                       | 5 6. Signature (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ddressee or Agent)                                                                                                                                                                             |                                                                                                                                                                         |                                                                                                                                 |
| Services for an is addressed of addressed of address of the form to be addressed and address of the form to be addressed and the fo                                                                                                                                | Monin Depend.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | M. C. WINCTING                                                                                                                                                                                 |                                                                                                                                                                         |                                                                                                                                 |
| SENDER:       I also with to receive the following services of the submer ingervices (for an outso law):       I also with to receive the following services of the submer ingervices (for an outso law):       I also with to receive the following services of the submer ingervices (for an outso law):       I also with to receive the following services of the submer ingervices (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the following services (for an outso law):       I also with to receive the fo                                                                                                                                                                                                                                                                                                                                                                                      | 2S Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-B-0223 Domestic Re                                                                                                                            | turn Receipt PS Form 3811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , December 1994                                                                                                                                                                                | 102595-99-                                                                                                                                                              | B-0223 Domestic Return Receipt                                                                                                  |
| Control in a profile of the index of th                                                                                                                                    | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Control in a profile of the index of th                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Control in a profile of the index of th                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                                                         | -                                                                                                                               |
| Comparison items 1 and 2 for additional lenvine. Comparison items 1 and 2 for additional lenvine. Comparison items 2 for additems 2 for additional lenvin                                                                                                                                | SENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lalco with to receiv                                                                                                                                    | the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                                                                                         | I also wish to receive the follow-                                                                                              |
| 0 - bit prime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         | extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 and/or 2 for additional services.                                                                                                                                                            |                                                                                                                                                                         | ing services (for an extra fee):                                                                                                |
| The second by: (Print Name)     The second by: (Print Nam                                                                                                                                    | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         | Complete items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3, 4a, and 4b.                                                                                                                                                                                 | at we can return this                                                                                                                                                   |                                                                                                                                 |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. C Addressee's A                                                                                                                                      | ddress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and address on the reverse of this form so the                                                                                                                                                 |                                                                                                                                                                         |                                                                                                                                 |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ace does not                                                                                                                                            | verv a Attach this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the front of the mailpiece, or on the back if a                                                                                                                                             | space does not                                                                                                                                                          | 2. 🔲 Restricted Delivery                                                                                                        |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Write "Return Receipt Requested" on the mailpiece below the ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ticle number.                                                                                                                                           | Write *Return F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | leceipt Requested" on the mailpiece below the                                                                                                                                                  | article number.                                                                                                                                                         |                                                                                                                                 |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and the date                                                                                                                                            | . ☐. ☐ The Return Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | eipt will show to whom, the article was derivered                                                                                                                                              |                                                                                                                                                                         |                                                                                                                                 |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Number                                                                                                                                      | O ( B 3. Article Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ssed to:                                                                                                                                                                                       |                                                                                                                                                                         | $7^{\circ}$ $000539$                                                                                                            |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25770097                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         | 100/21                                                                                                                          |
| Hobbs, NM 83240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service Type                                                                                                                                        | Benite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ) Hernandez                                                                                                                                                                                    |                                                                                                                                                                         |                                                                                                                                 |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 310 W. Rainbow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Registered                                                                                                                                              | ertified C S Rosall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | <b>\$</b>                                                                                                                                                               |                                                                                                                                 |
| 7. Date of Delivery       7. Date of Delivery         3. Paceived By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)         9. Sprint (Addressee's Address (Only if requested and fee is paid)       9. Addressee's Address (Only if requested and fee is paid)         9. Sprint (Addressee's Address (Only if requested and fee is paid)       9. Addressee's Address (Only if requested and fee is paid)         9. Sprint (Addressee's Address (Only if requested and fee is paid)       1. I also wish to receive the follow-ing services (for an extra fee):         9. Complete items 1 and/or 2 for additional services.       1. I also wish to receive the follow-ing services (for an extra fee):         1. I also wish to receive the follow-ing services (for an extra fee):       0. Complete items 1 and/or 2 for additional services.         1. I also wish to receive the follow-ing services (for an extra fee):       0. Extra fee of the form to the addressee's address         2. I Restricted Delivery       0. More fraum Receipt Requested* on the malpice. on on the back if space dees not addressee's address         2. I Restricted Delivery       0. Service Type         3 10 Shipp Dr       1. Begistered         1. Begistered       I ensured         1. Begistered <td< td=""><td>Hobbs, NM 88240</td><td>Express Mail</td><td>nsured 5 813 St</td><td></td><td>Express M</td><td>au</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Express Mail                                                                                                                                            | nsured 5 813 St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | Express M                                                                                                                                                               | au                                                                                                                              |
| Preceived By: (Print Name)       0. Addressee's Address (Only if requested and lee is paid)         Signature (Addressee or Agent)       0. Addressee's Address (Only if requested and lee is paid)         Sember:       0. Complete sems 1 and/or 2 for additional services.         Opring our cancer.       1. also wish to receive the follow-ing services (for an extra lee):         One method for the malpice, or on the back if space das not       1. also wish to receive the follow-ing services (for an extra lee):         Offer Hearm Receipt Receipted with work whom the article was delivered and the data of the follow-ing services (for an extra lee):       1. also wish to receive the follow-ing services (for an extra lee):         Differ your cancer with several of the form to whom the article was delivered and the data of the several of the malpice, or on the back if space das not       1. also wish to receive the follow-ing services (for an extra lee):         Differ your cancer with several of the malpice, or on the back if space das not       1. also wish to receive the follow-ing services (for an extra lee):         Differ your cancer with several of the malpice, or on the back if space das not       1. also wish to receive the follow-ing services (for an extra lee):         Differ your cancer with several of the malpice, or on the back if space das not       1. also wish to receive the follow-ing services (for an extra lee):         Differ your cancer with several of the malpice, or on the back if space das not       1. also wish to receive the follow-ing services (for an extra lee):         Differ your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Return Receipt for Merchandise                                                                                                                          | CD 2 C Hobb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                                                                                                                                                              | Return Rece                                                                                                                                                             |                                                                                                                                 |
| Received By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     Second By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     Second By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     Second By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     Second By: (Print Name)     B. Addressee's Address (Only if requested and lee is paid)     Second By: (Print Name)     Se                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Date of Delivery                                                                                                                                     | e a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                | 7. Date of Del                                                                                                                                                          | ivery - Lan                                                                                                                     |
| Services for a set la consistence of a gentile and the set of space does not line addressed to the ancider and the date delivered and th                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3-21-00                                                                                                                                                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                         | 11100                                                                                                                           |
| is gignature (Addressee or Agent)         Jess Form 3811, December 1994         102595-99-8-023       Domestic Return Receipt         SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       I also wish to receive the follow-<br>ing services (for an extra lee):         1 Addressee's Address          2 Attach this form to the form of the maiplece. or on the back if space does not<br>eard to you.          2 Attach this form to the form of the maiplece. or on the back if space does not<br>eard to you.          3 Addressee's Address          3 Addressee's Address          3 Addressee 10:       4a. Article Number         2 Attach daddressed to:       2         3 Addressee 10:       4a. Article Number         2 Addressee 10:       2         3 Addressee 10:       4a. Article Number         2 Addressee 10:       2         3 Addressee 10:       4a. Article Number         2 Addressee 10:       2         3 Addressee 10:       4a. Article Number         2 Addressee 10:       2         3 Addressee 10:       4b. Service Type <tr< td=""><td>. Received By: (Print Name)</td><td>8. Addressee's Address (Only if requ</td><td>Jested and E 5. Received By</td><td>r. (Print Name)</td><td></td><td></td></tr<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee's Address (Only if requ                                                                                                                    | Jested and E 5. Received By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r. (Print Name)                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Signature (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)       Intersteel (Addressee or Agent)         Service 1994       Intersteel (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | fee is paid)                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | iee is paid)                                                                                                                                                            |                                                                                                                                 |
| PS Form 3811, December 1994       102593-99-0.023       Domestic Return Receipt       Particle Return Receipt       Domestic Return Receipt         SENDER:       Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services                                                                                                                                                                                                                                                                                                                                                                                                                                           | . Signature (Addressee or Agent) -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         | 5 Signature (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (ddreşsee or Agent)                                                                                                                                                                            |                                                                                                                                                                         |                                                                                                                                 |
| 25 Form 3811, December 1994       102595-99-8-0223       Domestic Return Receipt       2       7       Some state       102595-99-8-0223       Domestic Return Receipt         SENDER:       Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.       Complete items 3.4a, and 4b.       I also wish to receive the following services (for an extra fee):       I also wish to receive the following services.       Complete items 1.4a, and 4b.       I also wish to receive the following services.       Complete items 1.4a, and 4b.       I also wish to receive the following services.         0       Attach this form to the front of the malpiece or on the back if space does not method with deated       I addressee's Address       I addressee'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to marchallers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | § X Pac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | the He surder                                                                                                                                                                                  |                                                                                                                                                                         |                                                                                                                                 |
| SENDER:       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (for an extra lee):       I also wish to receive the following services (f                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 102595-99-B-0223 Domestic Re                                                                                                                            | turn Receipt ····································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | 102595-99                                                                                                                                                               | -B-0223 Domestic Return Receipt                                                                                                 |
| Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Addressee's Address       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this dates       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4b.       Image: Complete items 3, 4b.       Ima                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Addressee's Address         Attach this form to the front of the malipiece, or on the back if space does not permit.       I address deviced and the date         Write 'Hatum Raceipt Requested' on the malipiece below the article number.       I addressee's Address         Of the full maceipt Requested' on the malipiece below the article number.       I addressee's Address         I addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Addressee's Address       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pinit your name and address on the reverse of this form so that we can return this dates       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4b.       Image: Complete items 3, 4b.       Ima                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         | C:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                          |                                                                                                                                                                         |                                                                                                                                 |
| Complete items 3, 4a, and 4b.       Image: Complete items 3, 4a, and 4b.         Pint your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.         Pint your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.         Pint your name and address on the reverse of this form so that we can return this card to you.       Image: Complete items 3, 4a, and 4b.       Image: Complete items 3, 4b.       Image: Complete items 3, 4b.       Image: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive                                                                                                                                  | e the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                                                                                                         |                                                                                                                                 |
| Definitiour name and address on the reverse of this form so that we can return this card to you.                                                                                                                               | Complete items 1 and/or 2 for additional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3 4a and 4b                                                                                                                                                                                    |                                                                                                                                                                         | ing services (for an exita ree).                                                                                                |
| □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.       □ Attach this form to the front of the maliplice, or on the back if space does not permit.                                                                                                                                                                                                                                                                                                                                                 | Complete items 3, 4a, and 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ing services (for all a                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and address on the reverse of this form so the                                                                                                                                                 | at we can return this                                                                                                                                                   | 1. 🗖 Addressee's Address                                                                                                        |
| Permit.       2. Restricted Delivery       Permit.       Permit. <td< td=""><td>Complete items 3, 4a, and 4b.<br/>I Print your name and address on the reverse of this form so that</td><td>we can return this</td><td>a Phot your name</td><td></td><td>1</td><td></td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Complete items 3, 4a, and 4b.<br>I Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                           | we can return this                                                                                                                                      | a Phot your name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | 1                                                                                                                                                                       |                                                                                                                                 |
| The Return Receipt will show to whom the article was delivered and the date       The Return Receipt will show to whom the article was delivered and the date         Article Addressed to:       4a. Article Number         2. Article Addressed to:       4a. Article Number         310 Shipp Dr       4b. Service Type         Hobbs, NM 88240       Certified         Express Mail       Insured         Received By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       8. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                             | we can return this<br>ace does not                                                                                                                      | ddress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | to the front of the mailpiece, or on the back if                                                                                                                                               | space does not                                                                                                                                                          |                                                                                                                                 |
| delivered.       Article Addressed to:       4a. Article Number         Article Addressed to:       4a. Article Number       3. Article Addressed to:         Delfina Sanchez       4b. Service Type       Registered       Certified         Hobbs, NM 88240       Express Mail       Insured         Preum Receipt for Merchandise       COD         7. Date of Delivery       7. Date of Delivery         3. Addressee's Address (Only if requested and fee is paid)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       8. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>D Atlach this form to the front of the mailpiece, or on the back if sp<br>permit.                                                                                                                                                                                                                                                                                                                                                        | we can return this<br>ace does not<br>2.                                                                                                                | ivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Receipt Requested" on the mailpiece below the                                                                                                                                                  | article number.                                                                                                                                                         |                                                                                                                                 |
| Received By: (Print Name)       7. Date of Delivery       7. Date of Delivery         B. Addressee's Address (Only if requested and fee is paid)       5. Received By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       6. Signature (Addressee or Agent)       6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete items 3, 4a, and 4b,<br>J Print your name and address on the reverse of this form so that<br>card to you.<br>J Altach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>J Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>J The Return Receipt Requested on the mailpiece delivered                                                                                                                                                                                                            | we can return this<br>ace does not<br>2.  Restricted Deliver                                                                                            | very of the write "Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Receipt Requested" on the mailpiece below the                                                                                                                                                  | article number.                                                                                                                                                         |                                                                                                                                 |
| Received By: (Print Name)       7. Date of Delivery       7. Date of Delivery         B. Addressee's Address (Only if requested and fee is paid)       5. Received By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       6. Signature (Addressee or Agent)       6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the ar<br>1 The Return Receipt mill show to whom the article was delivered<br>delivered.                                                                                                                                                                                           | we can return this<br>ace does not<br>icle number.<br>and the date                                                                                      | very of the write "Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver                                                                                               | ed and the date                                                                                                                                                         |                                                                                                                                 |
| Received By: (Print Name)       7. Date of Delivery       7. Date of Delivery         B. Addressee's Address (Only if requested and fee is paid)       5. Received By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       6. Signature (Addressee or Agent)       6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Requested</i> " on the mailpiece below the ar<br>1 The Return Receipt mill show to whom the article was delivered<br>delivered.                                                                                                                                                                                           | we can return this<br>ace does not<br>icle number.<br>and the date                                                                                      | very of the write "Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>essed to:                                                                                  | article number.<br>ed and the date<br>4a. Article Nur                                                                                                                   |                                                                                                                                 |
| Received By: (Print Name)       7. Date of Delivery       7. Date of Delivery         Beceived By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)       5. Received By: (Print Name)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       6. Signature (Addressee or Agent)       6. Signature (Addressee or Agent)       102595-98-8-0223       Domestic Return Receipting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete items 3, 4a, and 4b,<br>Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>The Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:                                                                                                                                                                    | Article Number                                                                                                                                          | very of the write "Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>resed to:<br>h Sparks                                                                      | article number.<br>ed and the date<br>4a. Article Nur<br>257                                                                                                            | nber<br>7009557                                                                                                                 |
| 7. Date of Delivery       7. Date of Delivery         8. Addressee's Address (Only if requested and fee is paid)       5. Received By: (Print Name)         9. Line of Delivery       8. Addressee's Address (Only if requested and fee is paid)         9. Line of Delivery       6. Signature (Addressee or Agent)         9. Line of Delivery       6. Signature (Addressee or Agent)         9. Line of Delivery       9. Delivery         9. Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>J ttach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>The Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez                                                                                                                                                  | Article Number<br>4a. Article Number<br>4b. Service Type                                                                                                | very of the write "Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>resed to:<br>h Sparks<br>G Enterprises                                                     | 4a. Article Nur<br>4a. Article Nur<br>4b. Service Ty                                                                                                                    | nber<br>7 009 557<br>rpe                                                                                                        |
| 7. Date of Delivery       7. Date of Delivery         8. Addressee's Address (Only if requested and fee is paid)       5. Received By: (Print Name)         9. L f i A       5. And Che S         9. L f i A       5. And Che S         9. L f i A       5. And Che S         9. L f i A       5. And Che S         9. L f i A       5. Received By: (Print Name)         8. Addressee's Address (Only if requested and fee is paid)       6. Signature (Addressee or Agent)         9. L f i A       5. Received By: (Print Name)         9. L f i A       5. Received By: (Print Name)         9. L f i A       5. Received By: (Print Name)         9. L f i A       5. Received By: (Print Name)         9. L f i A       5. Received By: (Print Name)         9. L f i A       5. Received By: (Print Name)         9. L f i A       5. Received By: (Print Name)         9. L f i A       6. Signature (Addressee Gr Agent)         9. L f i A       6. Signature (Addressee Gr Agent)         9. L f i A       6. Signature (Addressee Gr Agent)         9. L f i A       6. Signature (Addressee Gr Agent)         9. L f i A       6. Signature (Addressee Gr Agent)         9. L f i A       6. Signature (Addressee Gr Agent)         9. L f i A       6. Signating i A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Complete items 3, 4a, and 4b,<br>J Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if so<br>permit.<br>J Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>The Return Receipt and the whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr                                                                                                                                  | we can return this       1                                                                                                                              | Very State of this form permit.<br>Very State of the state     | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>issed to:<br>h Sparks<br>G Enterprises<br>N Canal St                                       | aricle number.<br>ed and the date<br>4a. Article Nur<br>257<br>4b. Service Ty<br>C Registered                                                                           | nber<br>7 009 557<br>Pre<br>ECertified                                                                                          |
| 3. 21-00       8. Addressee's Address (Only if requested and fee is paid)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       6. Signature (Addressee or Agent)       8. Addressee's Address (Only if requested and fee is paid)         Signature (Addressee or Agent)       9. Addressee's Address (Only if requested and fee is paid)       9. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete items 3, 4a, and 4b,<br>J Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if so<br>permit.<br>J Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>The Return Receipt and the whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr                                                                                                                                  | we can return this       1Addressee's A         ace does not       2Restricted Deli         iicle number.       and the date         4a. Article Number | Very State of this form permit.<br>Very State of the state     | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>issed to:<br>h Sparks<br>G Enterprises<br>N Canal St                                       | article number.<br>ed and the date<br>4a. Article Nur<br>2.577<br>4b. Service Ty<br>Begistered<br>Express M                                                             | nber<br>7 009 557<br>Pe Ærtified<br>ail Dissured                                                                                |
| Signature (Addressee or Agent)<br>Signature (Addressee or Agent)<br>Signature (Addressee or Agent)<br>Signature (Addressee or Agent)<br>(MUMUM North 1000 10255-99.8.0223 Domestic Return Receip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>J the Return Receipt Requested' on the mailpiece below the ar<br>J the Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr                                                              | we can return this       1Addressee's A         ace does not       2Restricted Deli         iicle number.       and the date         4a. Article Number | Attach this form<br>permit.<br>very of the set of | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>issed to:<br>h Sparks<br>G Enterprises<br>N Canal St                                       | aricle number.<br>ed and the date<br>4a. Article Nur<br>4b. Service Ty<br>Registered<br>Express M<br>Return Rece                                                        | nber<br>7 009 550<br>pe Rertified<br>ail Insured<br>ipt for Merchandise COD                                                     |
| Signature (Addressee or Agent)<br>Signature (Addressee or Agent) | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>J Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the ar<br>J the Return Receipt Requested' on the mailpiece below the ar<br>J the Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr                                                              | we can return this       1                                                                                                                              | Attach this form<br>permit.<br>very of the set of | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>issed to:<br>h Sparks<br>G Enterprises<br>N Canal St                                       | aricle number.<br>ed and the date<br>4a. Article Nur<br>4b. Service Ty<br>Registered<br>Express M<br>Return Rece                                                        | nber<br>7 009 557<br>pe Rertified<br>ail Insured<br>ipt for Merchandise COD                                                     |
| Signature (Addressee or Agent)<br>Signature (Addressee or Agent) | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>of the Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr<br>Hobbs, NM 88240                                                                                                                      | we can return this       1                                                                                                                              | Attach this form<br>permit.<br>very of the set of | Receipt Requested" on the mailplace below the<br>ceipt will show to whom the article was deliver<br>reseed to:<br>h Sparks<br>D Enterprises<br>N Canal St<br>Isbad, NM 88220                   | aricle number.<br>ed and the date<br>4a. Article Nur<br>2557<br>4b. Service T)<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del                              | nber<br>7 009 559<br>gRertified<br>ail Insured<br>ipt for Merchandise COD                                                       |
| Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if so<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>of the Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr<br>Hobbs, NM 88240<br>Received By: (Print Name)                                                                                         | we can return this       1                                                                                                                              | Attach this form<br>permit.<br>very of the set of | Receipt Requested" on the mailplace below the<br>ceipt will show to whom the article was deliver<br>reseed to:<br>h Sparks<br>D Enterprises<br>N Canal St<br>Isbad, NM 88220                   | aricle number.<br>ed and the date<br>4a. Article Nur<br>2557<br>4b. Service T)<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>8. Addressee'             | nber<br>7 009 559<br>ipe<br>if Certified<br>ail Insured<br>ipt for Merchandise COD<br>ivery<br>s Address (Only if requested and |
| 29/11 December 100/1 102595.99.B.0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if so<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>OThe Return Receipt Requested' on the mailpiece below the ar<br>OThe Return Receipt will show to whom the article was delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr<br>Hobbs, NM 88240<br>Received By: (Print Name)<br>Den L F in A SANChe 2  | we can return this       1                                                                                                                              | Attach this form<br>permit of the second secon    | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>essed to:<br>h Sparks<br>5 Enterprises<br>N Canal St<br>Isbad, NM 88220<br>r: (Print Name) | aricle number.<br>ed and the date<br>4a. Article Nur<br>2557<br>4b. Service T)<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>8. Addressee'             | nber<br>7 009 559<br>ipe<br>if Certified<br>ail Insured<br>ipt for Merchandise COD<br>ivery<br>s Address (Only if requested and |
| 2911 December 1004 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the iront of the mailpiece, or on the back if so<br>permit.<br>Write 'Return Receip: Requested' on the mailpiece below the ar<br>of the Return Receip: Requested' on the mailpiece below the ar<br>of the Return Receip: Requested' on the mailpiece below the ar<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr<br>Hobbs, NM 88240<br>Received By: (Print Name)<br>Ded L L, D A SANChe 2 | we can return this       1                                                                                                                              | Attach this form<br>permit of the second secon    | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>essed to:<br>h Sparks<br>5 Enterprises<br>N Canal St<br>Isbad, NM 88220<br>r: (Print Name) | aricle number.<br>ed and the date<br>4a. Article Nur<br>2557<br>4b. Service T)<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>8. Addressee'             | nber<br>7 009 559<br>ipe<br>if Certified<br>ail Insured<br>ipt for Merchandise COD<br>ivery<br>s Address (Only if requested and |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if so<br>permit.<br>Write "Return Receipt Requested" on the mailpiece below the ar<br>The Return Receipt Requested" on the mailpiece below the ar<br>delivered<br>delivered.<br>Article Addressed to:<br>Delfina Sanchez<br>310 Shipp Dr<br>Hobbs, NM 88240<br>Received By: (Print Name)<br>Den L F n A SANChez<br>Signature (Addressee or Agent)                         | we can return this       1                                                                                                                              | Attach this form<br>permit of the second secon    | Receipt Requested" on the mailpiece below the<br>ceipt will show to whom the article was deliver<br>essed to:<br>h Sparks<br>5 Enterprises<br>N Canal St<br>Isbad, NM 88220<br>r: (Print Name) | aricle number.<br>ed and the date<br>4a. Article Nur<br>2557<br>4b. Service T)<br>Registered<br>EReturn Rece<br>7. Date of Del<br>8. Addressee'<br><i>fee is paid</i> ) | nber<br>7 009 559<br>ipe<br>ipe<br>il Insured<br>ipt for Merchandise COD<br>ivery<br>s Address (Only if requested and           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                       |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                        | side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SENDER:                                                                                                                        |                                       | I also wish to receive the follow- |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | I also wish to receive the follow-<br>ing services (for an extra fee): | is es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete items 3, 4a, and 4b.                                                                                                  |                                       | ing services (for an extra fee):   |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ve can return this                             |                                                                        | . ā                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Print your name and address on the reverse of this form so t card to you.                                                      |                                       | 1. D Addressee's Address           |
| card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if spa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | 1. Addressee's Address                                                 | vic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Attach this form to the front of the mailpiece, or on the back i                                                               | -                                     | 2.  Restricted Delivery            |
| permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | 2.  Restricted Delivery                                                | Serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Write "Return Receipt Requested" on the mailpiece below the<br>The Bottom Receipt will about to when the acticle upon deliver. | e article number.<br>red and the date |                                    |
| The Return Receipt will show to whom the article was delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the date                                   |                                                                        | eipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5 delivered.                                                                                                                   |                                       | L                                  |
| delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Nu                                 | mber ~ ·                                                               | fhank you for using Return Receipt Service<br>r RETURN ADDRESS completed on the rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3. Article Addressed to:                                                                                                       | 4a. Article Nu                        | 10091010                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 257                                            |                                                                        | eturn Re<br>comolet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Frank Bargas                                                                                                                   | 4b. Service T                         | VDP                                |
| Gillermo Rødriguez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4b. Service T                                  | ype                                                                    | etul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                | Registere                             |                                    |
| 405 Rainbow<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered                                     | /                                                                      | I B B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Hobbs, NM 88240                                                                                                                | Express N                             | /                                  |
| 10005, 181 68240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Express N                                      | ail ' Insured<br>eipt for Merchandise COD                              | or using R<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                       | eipt for Merchandise 🛛 COD         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of De                                  |                                                                        | AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | 7. Date of De                         | livery<br>1 a 1 2000               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.2                                            | - Do                                                                   | ank you f<br>RETURN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                                       |                                    |
| Hobbs, NM 88240<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | s Address (Only if requested and                                       | nk)<br>ETL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Beceived By: (Print Name)<br>FRANK 3AM AS                                                                                   | 8. Addressee<br>fee is paid           | 's Address (Only if requested and  |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee is paid;                                   |                                                                        | Tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Signature (Addressee or Agent)                                                                                              |                                       |                                    |
| 6. Signature (Addressee or Agent).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                              |                                                                        | VO1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KBG                                                                                                                            |                                       |                                    |
| Rosa Rodriges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                        | <u>.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PS Form 3811, December 1994                                                                                                    | 102595-99                             | -B-0223 Domestic Return Receipt    |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 102595-99                                      | -B-0223 Domestic Return Receipt                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                          |                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                        | side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SENDER:                                                                                                                        |                                       | I also wish to receive the follow- |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | I also wish to receive the follow-                                     | - <sup>-</sup> 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                            |                                       | ing services (for an extra fee):   |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | ing services (for an extra fee):                                       | vice.<br>the reverse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Print your name and address on the reverse of this form so the card to you.                                                    |                                       | 1. 🔲 Addressee's Address           |
| Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | we can return this                             |                                                                        | e.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Attach this form to the front of the mailpiece, or on the back if permit.                                                      | space does not                        | 2.  Restricted Delivery            |
| D Attach this form to the front of the mailpiece, or on the back if sp.<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ace does not                                   | 1. Addressee's Address                                                 | rvic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Write "Return Receipt Requested" on the mailpiece below the<br>The Return Receipt will show to whom the article was deliver    | article number.<br>ed and the date    | •                                  |
| U Write "Return Receipt Requested" on the mailpiece below the ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ticle number.                                  | 2.  Restricted Delivery                                                | t Serv<br>d on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | delivered.                                                                                                                     | 4a. Article Nu                        | mber                               |
| The Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and the date                                   |                                                                        | etec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0. AITUR AGUESSED ID.                                                                                                          | L 2 57                                |                                    |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nu                                 |                                                                        | Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vernon H. Smith                                                                                                                | 4b. Service Ty                        | /pe                                |
| Eugenio Saenz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 757                                            | 1004563                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 101 E. Palace                                                                                                                  | Registered                            | Certified                          |
| 306 Shipp Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b. Service T                                  |                                                                        | Retu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hobbs, NM 88240                                                                                                                | Express M                             |                                    |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Express N                                      |                                                                        | l BO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                       | ipt for Merchandise COD            |
| Complete items 3. 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the ar<br>delivered.<br>3. Article Addressed to:<br>Eugenio Sacnz<br>306 Shipp Dr<br>Hobbs, NM 88240<br>5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | eipt for Merchandise                                                   | usi<br>LAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                | 7. Date of Del<br>21                  | very 2000                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of De                                  | livery                                                                 | Thank you for using Return Receipt Service.<br>your <u>RETURN ADDRESS</u> completed on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Received By: (Print Name)                                                                                                   |                                       | s Address (Only if requested and   |
| E Papained Dru (Dri 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~                                              | 1-00                                                                   | Yot<br>TETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EMMZ (SmXU                                                                                                                     | fee is paid)                          | nuuress (Uniy ii lequesieu ano     |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ol> <li>Addressee<br/>fee is paid)</li> </ol> | s Address (Only if requested and                                       | Thank<br>your <u>F</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 Eignoture (Addresses as Assart)                                                                                              |                                       |                                    |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                        | Å Syo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mar d. mith                                                                                                                    |                                       |                                    |
| $\Sigma$ $\lambda$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PS Form 3811, December 1994                                                                                                    | 102595-99                             | B-0223 Domestic Return Receipt     |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 102595-99                                      | B-0223 Domestic Return Receipt                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 102393-99                                      | -5-0223 Domestic Return Receipt                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                       |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                       | R                                  |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                        | `~ <del>.</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                       | also wish to receive the follow-   |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | I also wish to receive the follow-<br>ing services (for an extra fee): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete items 1 and/or 2 for additional services.                                                                             |                                       | ng services (for an extra fee):    |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e can return this                              | 5 ( ,                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete items 3, 4a, and 4b.                                                                                                  | we can return this                    |                                    |
| <ul> <li>a rank your name and address of the restrict of this form both is and a rank of the restrict of</li></ul> |                                                | 1. Addressee's Address                                                 | ervice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and to you.                                                                                                                    |                                       | Addressee's Address                |
| D Adden with form to the norm of the matplece, of on the back in spa<br>permit. D Write "Return Receipt Requested" on the mailpiece below the arti-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | 2.  Restricted Delivery                                                | ω o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | permit.                                                                                                                        | icle number.                          | 2. C Restricted Delivery           |
| If the Return Receipt will show to whom the article was delivered a delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and the date                                   |                                                                        | 문 b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The Return Receipt will show to whom the attice was beintered                                                                  | and the date                          | ·                                  |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nu                                 |                                                                        | Recei<br>ed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | delivered.<br>3. Article Addressed to:                                                                                         | 4a. Article Numb                      |                                    |
| Fimer Lynch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25                                             | 17 009693                                                              | Return Re<br>completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                       |                                    |
| Elmer Lynch<br>411 Rainbow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4b. Service Ty                                 | vpe                                                                    | letu<br>mp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Floyd M. Harmon                                                                                                                | 4b. Service Type                      | ACertified                         |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Registered                                     | ,                                                                      | in the second se | Randell L. Boles                                                                                                               | Registered     Express Mail           |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Express M                                      | ail 🗌 Insured<br>ipt for Merchandise 🔲 COD                             | using Return<br><u>RESS</u> complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 214 Shipp Dr<br>Hobbs, NM 88240                                                                                                |                                       | for Merchandise COD                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14                                             |                                                                        | ja El                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10003 101 00240                                                                                                                | 7, Date of Delive                     |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Del                                 | ) [ ·@                                                                 | 1 AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                | 3-21-                                 | au                                 |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                              | s Address (Only if requested and                                       | Thank you for usi<br>RETURN ADDRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5. Received By: (Print Name)                                                                                                   | 8. Addressee's                        | Address (Only if requested and     |
| FZMITO 1 minut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fee is paid)                                   |                                                                        | ETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Flora Mihanktord                                                                                                               | fee is paid)                          | ī                                  |
| 6. Signature (Advressee or Agen)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 Signature (Addressee or Agent)                                                                                               | 7                                     |                                    |
| Ange G. Mal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                        | , VOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Flore Mi Lanklard                                                                                                              |                                       |                                    |
| PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-                                     | B-0223 Domestic Return Receipt                                         | i s c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PS Form <b>3811</b> , December 1994                                                                                            | 102595-99-B                           | 0223 Domestic Return Receipt       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                        | ł                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V                                                                                                                              |                                       |                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                     | B SENDER:<br>D Complete items 1 and/or 2 lor additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Print your name and address on the reverse of this form so card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lhat we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.  Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ë                                                                                     | Print your name and address on the reverse of this form s<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | so that we can return this                                                                                                                                                            | 1. 🔲 Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Attach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | if space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Service                                                                               | Attach this form to the front of the mailpiece, or on the bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ck if space does not                                                                                                                                                                  | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| permit.  Write 'Return Receipt Requested' on the mailpiece below the mailpiece below the article was delived.  The Return Receipt will show to whom the article was delived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e article number.<br>ered and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pt Sc                                                                                 | <ul> <li>Complete items 3, 4a, and 4b.</li> <li>D Print your name and address on the reverse of this form a solution of the solution o</li></ul> | v the article number.<br>livered and the date                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5 delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4a, Article N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Nu                                                                                                                                                                        | Imber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Article Addressed to:<br>Gary Henrich<br>210 W. Castle<br>Hobbs. NNI 88240<br>5. Beceived By: (Print Name)<br>JON Y HON N'CH<br>6. Signatufe (Addresse or Agent)<br>TSNY HCNN'CH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a. Article Ni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17 OL) 9 (008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 757                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Gary Henrich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4b. Service 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | voe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 11 -                                                                                | A J Cowen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4b. Service T                                                                                                                                                                         | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 210 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ä                                                                                     | Emiterio Ortega                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 🗆 Registerer                                                                                                                                                                          | E ZCertified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Express N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Buj                                                                                 | 402 W. Stanolind Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Express N                                                                                                                                                                             | lail 🗍 Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Aetum Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ept for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sn L                                                                                  | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PReturn Rec                                                                                                                                                                           | eipt for Merchandise 🔲 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | livery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -ē 5                                                                                  | 3. Article Addressed to:<br>A J Cowen<br>Emiterio Ortega<br>402 W. Stanolind Rd<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of De                                                                                                                                                                         | livery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 21Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 UP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | vou                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2/11                                                                                                                                                                                  | ar 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5_Beceived By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ¥                                                                                     | 5. Received By: (Print Name)<br>Fe) ipe Orteg 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee                                                                                                                                                                          | 's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Iony Honrich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fee is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ĕ                                                                                     | # Felipe Ortegz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee is paid,                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6 Signatule (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Tony Hensieh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                     | Selion ontido                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PS Form 38/11, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9-B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ot -                                                                                  | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-94                                                                                                                                                                             | B-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                                                                                     | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       | Lolos with the sensitive the follow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SENDER:<br>Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - 1                                                                                   | Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing services (ior an exita iee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | so that we can return this                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Print your name and address on the reverse of this form so card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. C Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ice i                                                                                 | card to you.<br>Attach this form to the front of the mailpiece, or on the bad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Attach this form to the front of the mailpiece, or on the back permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | if space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Service                                                                               | permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       | 2. D Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e anicle number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Write "Return Receipt Requested" on the mailpiece below<br>D The Return Receipt will show to whom the article was del                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ivered and the date                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Nu                                                                                                                                                                        | mbar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4a. Article N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | amber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return Rec                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7,51                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fred Lawson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>t</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 511009010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - 5.7                                                                                 | Manuel F. Rodriquez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service T                                                                                                                                                                         | 00.001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 206 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b. Service 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Het 1                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Registerer                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Express A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ē,                                                                                    | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Express N                                                                                                                                                                             | lail 🗍 Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eipt for Merchandise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | sn ja                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Return Rec                                                                                                                                                                            | eipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3. Article Addressed to:<br>Fred Lawson<br>206 W. Castle<br>Hobbs, NM 88240<br>5. Received By: (Print/Jamg)<br>F. B. J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for using                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Date of De                                                                                                                                                                         | livery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2(1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nai 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Thank you                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 211                                                                                                                                                                                 | ly 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. Received By: (PrintyName)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 올: 봄                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ERIA ANISO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lee is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lla<br>D                                                                              | ELOISA Kodviguez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fee is paid,                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. Signature (Adoressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Lawron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                                                                                     | Eleva toduque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PS Form J811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9-EI-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ot i                                                                                  | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99                                                                                                                                                                             | -8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ų                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ide 2                                                                                 | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       | also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | celdo 2                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Complete items 1 and/or 2 for additional services,<br>Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services,<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | vice.                                                                                 | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form si<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Il Print your name and address on the reverse of this form so that<br>card to you.<br>Il Altach this form to the front of the malipiece, or on the back if s<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | pace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Service.<br>the reverse                                                               | <ul> <li>Complete items 3, 4a, and 4b.</li> <li>D Print your name and address on the reverse of this form such a draw and address on the reverse of this form of the front of the matipiece, or on the bac permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | k if space does not                                                                                                                                                                   | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3.4 and 40.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Allach this form to the front of the maipiece, or on the back if s<br>permit.<br>Write ' <i>Tetum Receipt Reguested</i> ' on the maipiece below the<br>_ The Receim Receipt will show to whom the anticle was delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pace does not<br>article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Service.<br>the reverse                                                               | Complete items 3, 4a, and 4b.<br>Drain your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the matipiece, or on the bac<br>permit.<br>Util <i>Tetturn Receipt Requested</i> <sup>*</sup> on the matipiece below<br>The Return Receipt will show to whorn the article was deli<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | k if space does not                                                                                                                                                                   | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that<br>card to you.<br>□ Allach hirs form to the front of the maiplece, or on the back if s<br>□ Write. "Return Receipt and service" on the maiplece below the<br>□ The Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | pace does not<br>article number.<br>d and the date<br>4a. Article Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Service.<br>the reverse                                                               | Complete items 3, 4a, and 4b.<br>Drain your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the matipiece, or on the bac<br>permit.<br>Util <i>Tetturn Receipt Requested</i> <sup>*</sup> on the matipiece below<br>The Return Receipt will show to whorn the article was deli<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | k if space does not<br>the article number.<br>ivered and the date<br>4a. Article Nu                                                                                                   | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Allach his form to the front of the maiplece, or on the back if s<br>permit.<br>The Receipt Reversed* on the maiplece below here.<br>The Return Receipt will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | pace does not<br>article number.<br>d and the date<br>4a. Article Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Service.<br>the reverse                                                               | Complete items 3, 4a, and 4b.<br>Drain your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the matipiece, or on the bac<br>permit.<br>Util <i>Tetturn Receipt Requested</i> <sup>*</sup> on the matipiece below<br>The Return Receipt will show to whorn the article was deli<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the anticle number.<br>ivered and the date<br>4a. Article Nu<br>Z 5                                                                                                                   | Ing services (for an extra fee):  Addressee's Address  Restricted Delivery  TOTO 100 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| □ Complete items 1 and/or 2 for additional services.<br>○ Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that<br>card to you.<br>□ Altach this form to the front of the mailpicec, or on the back if a<br>permit.<br>□ Write <i>Tetum Receipt Requested</i> <sup>*</sup> on the mailpicec below the i<br>□ the fletum Receipt will show to whom the anticle was delivered<br>of the content of the second second second second second<br>Thicle Addressed to:<br>Francis Charles Bargas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | pace does not<br>article number.<br>d and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>her<br>70 0 9 004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Service.<br>the reverse                                                               | Complete items 3, 4a, and 4b.<br>Drain your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the matipiece, or on the bac<br>permit.<br>Util <i>Tetturn Receipt Requested</i> <sup>*</sup> on the matipiece below<br>The Return Receipt will show to whorn the article was deli<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the anticle number.<br>wered and the date<br>4a. Article Nu<br>257<br>4b. Service T                                                                                                   | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3.4.a. and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Altach hist form to the front of the mailpiece, or on the back if a<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>"Dhe Return Receipt with show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pace does not<br>article number,<br>d and the date<br>4a, Article Num<br>2.597<br>4b, Service Typ<br>☐ Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>ber<br>7.  O O 9.  O 9.<br>Pe Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Service.<br>the reverse                                                               | Complete items 3, 4a, and 4b.<br>Drain your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the matipiece, or on the bac<br>permit.<br>Util <i>Tetturn Receipt Requested</i> <sup>*</sup> on the matipiece below<br>The Return Receipt will show to whorn the article was deli<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | thi space does not<br>the anticle number,<br>ivered and the date<br>4a. Article Nu<br>25<br>4b. Service T<br>Registered                                                               | Ing services (for an extra fee):          1. Image: Addressee's Address         2. Image: Addressee's Address         3. Image: Addressee's Address         1. Image: Addressee's Address         2. Image: Addressee's Address         1. Image: Addressee's Addressee's Address         1. Image: Addressee's Addr                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3.4 a. ad 4.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Altach this form to the front of the mailpiece, or on the back if s<br>permit.<br>White 'Felum Receipt Reguested' on the mailpiece below the<br>The Felum Receipt will show to with the anticle was delivered<br>delivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks<br>1815 S. Cochran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | arcide number.<br>d and the date<br>4a. Article Num<br>2.57<br>4b. Service Tyj<br>Registered<br>Express Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  ther  T O O O O O O O O O O O O O O O O O O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ing Return Receipt Service.<br>SS completed on the reverse                            | Complete item 3, 4a, and 4b.<br>Drivit your name and address on the reverse of this form si-<br>card to you.<br>Here your has been to the front of the mailpiece, or on the bac<br>ermit has form to the front of the mailpiece below<br>The Return Receipt will show to whom the article was deli<br>delivered.<br>3. Article Addressed to:<br>Rodolfo S. Carza<br>1616 S. Cochran<br>Hobbs, NN 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | thi space does not<br>the anicle number,<br>ivered and the date<br>4a. Article Nu<br>257<br>4b. Service T<br>Registered<br>Express M                                                  | Ing services (for an extra fee):          1.       Addressee's Address         2.       Restricted Delivery         mber       1200         7       000       1200         /pe       Certified         ail       Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete isoms 1 and/or 2 for additional services.<br>Complete isoms 3.4.a. and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Altach hirs form to the front of the mailpiece, or on the back if a<br>permit.<br>White 'Return Receipt Requested' on the mailpiece below the<br>D The Return Receipt Will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A construction of the second s | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ing Return Receipt Service.<br>SS completed on the reverse                            | Complete item 3, 4a, and 4b.<br>Drivit your name and address on the reverse of this form si-<br>card to you.<br>Here your has been to the front of the mailpiece, or on the bac<br>ermit has form to the front of the mailpiece below<br>The Return Receipt will show to whom the article was deli<br>delivered.<br>3. Article Addressed to:<br>Rodolfo S. Carza<br>1616 S. Cochran<br>Hobbs, NN 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | k if space does not<br>the arricle number.<br>ivered and the date<br>4a. Article Nu<br>4b. Service T<br>Registerect<br>Express M<br>Return Reco                                       | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  P P P Cerlified ai Insured  |
| □ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that<br>card to you.<br>□ Altach hirs form to the front of the mailpiece, or on the back if s<br>permit.<br>□ Write " <i>Telum Recept Requested</i> " on the mailpiece below the<br>□ The Return Recept Kill show to whom the anticle was delivered<br>delivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks<br>1815 S. Cochran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A construction of the second s | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for using Return Receipt Service.<br>ADDRFSS completed on the reverse                 | Complete item 3, 4a, and 4b.<br>Drint your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>Divine ' <i>Return Receipi Requested</i> ' on the mailpiece below<br>The Return Receipi will show to whom the article was dei<br>delivered.<br>3. Article Addressed to:<br>Rodol fo S. Garza<br>1616 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | k if space does not<br>the arricle number.<br>ivered and the date<br>4a. Article Nu<br>4b. Service T<br>Registerect<br>Express M<br>Return Reco                                       | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  P P P Cerlified ai Insured  |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that<br>card to you.<br>□ Allach this form to the front of the malipicec, or on the back if a<br>□ permit.<br>□ Write Rourn Receipt forguested' on the malipice below the<br>derivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks<br>1815 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Acce does not<br>anticle number.<br>d and the date<br>4a. Article Num<br>2577<br>db. Service Typ<br>Registered<br>Express Ma<br>Gretum Receip<br>7. Date of Delin<br>2 Mac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for using Return Receipt Service.<br>ADDRFSS completed on the reverse                 | Complete item 3, 4a, and 4b.<br>Drint your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>Divine ' <i>Return Receipi Requested</i> ' on the mailpiece below<br>The Return Receipi will show to whom the article was dei<br>delivered.<br>3. Article Addressed to:<br>Rodol fo S. Garza<br>1616 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | k il space does not<br>the article number.<br>vered and the date<br>4a. Article Nu<br>4b. Service T<br>Begisterec<br>Express M<br>Return Recc<br>7. Date of Dei<br>21 M               | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Allach his form to the front of the maiplece, or on the back if s<br>Write 'Return Receipt Adjusted' on the maiplice below here.<br>The Return Receipt will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks<br>1815 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | arice does not<br>aricle number.<br>d and the date<br>dat. Article Num<br><u>2597</u><br>db. Service Tyr<br>Bregistered<br>□ Express Ma<br>Frietum Receij<br>7. Date of Delin<br>21 Mac<br>8. Addressee's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for using Return Receipt Service.<br>ADDRFSS completed on the reverse                 | Complete item 3, 4a, and 4b.<br>Drint your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>Divine ' <i>Return Receipi Requested</i> ' on the mailpiece below<br>The Return Receipi will show to whom the article was dei<br>delivered.<br>3. Article Addressed to:<br>Rodol fo S. Garza<br>1616 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | k II space does not<br>the article number.<br>ivered and the date<br>4a. Article Nu<br>2<br>4b. Service T<br>Registered<br>Express M<br>Return Rect<br>7. Date of Del<br>8. Addressee | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  P P P Cerlified ai Insured  |
| Complete items 3, 4a, and 4b.<br>Print your mane and address on the reverse of this form so that<br>card to you.<br>Demonstrained the front of the malipiece, or on the back if s<br>around<br>Demonstrained the front of the malipiece below the .<br>Demonstrained the fractional state of the malipiece below the<br>Demonstrained the fractional state of the malipiece below the<br>Demonstrained the fractional state of the malipiece below the<br>Demonstrained the fractional state of the malipiece below the<br>delivered.<br>3. Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks<br>1815 S. Cochran<br>Hobbs, NM 88240<br>5. Received By: (Print Name)<br>The area of the malipiece below the state of th | Acce does not<br>anticle number.<br>d and the date<br>4a. Article Num<br>2577<br>db. Service Typ<br>Registered<br>Express Ma<br>Gretum Receip<br>7. Date of Delin<br>2 Mac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | hank you for using Return Receipt Service.<br>RETURN ADDRESS commissed on the reverse | Complete item 3.4e, and 4b.<br>Print your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>Write 'Return Receipt Requested' on the mailpiece below<br>The Return Receipt will show to whom the article was deli-<br>delivered.<br>3. Article Addressed to:<br>Rodolfo S. Garza<br>1616 S. Cochran<br>Hobbs, NM 88240<br>5. Received By: ( <i>Print Name</i> )<br>Addressed Job 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | k il space does not<br>the article number.<br>vered and the date<br>4a. Article Nu<br>4b. Service T<br>Begisterec<br>Express M<br>Return Recc<br>7. Date of Dei<br>21 M               | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3.4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>D latent hits form to the front of the malipiece, or on the back if s<br>writes "fature Receipt Quegated" on the malipiece blow whe<br>D The Return Receipt Will show to whom the anticle was delivered<br>delivered.<br>Article Addressed to:<br>Francis Charles Bargas<br>Theola J. Hendricks<br>IB15 S. Cochran<br>Hobbs, NM 88240     S. Received By: (Print Name)<br>frammer (Modressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | arice does not<br>aricle number.<br>d and the date<br>dat. Article Num<br><u>2597</u><br>db. Service Tyr<br>Bregistered<br>□ Express Ma<br>Frietum Receij<br>7. Date of Delin<br>2   Ma<br>8. Addressee's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for using Return Receipt Service.<br>ADDRFSS completed on the reverse                 | Complete item 3, 4a, and 4b.<br>Driving your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>Divine <i>Pactura Receipi Requested</i> on the mailpiece below<br>of The Return Receipi will show to whom the article was deli-<br>delivered.<br>3. Article Addressed to:<br>Rodolfo S. Carza<br>1616 S. Coch ran<br>Hobbs, NNI 88240<br>5. Beceived By: ( <i>Pant Name</i> )<br><i>Building Addressee of Agent</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | k II space does not<br>the article number.<br>ivered and the date<br>4a. Article Nu<br>2<br>4b. Service T<br>Registered<br>Express M<br>Return Rect<br>7. Date of Del<br>8. Addressee | Ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul> <li>□ Complete items 1 and/or 2 for additional services.<br/>Complete items 3.4a, and 4b.</li> <li>□ Print your name and address on the reverse of this form so that card to you.</li> <li>□ Attach this form to the front of the matipiece, or on the back if s permit.</li> <li>□ Write 'Return Receipt Requested' on the matipiece below the .</li> <li>□ The Return Receipt Witshow to whom the anticle was delivered delivered.</li> <li>3. Article Addressed to:</li> <li>Francis Charles Bargas         <ul> <li>Theola J. Hendricks             <ul></ul></li></ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | arice does not<br>aricle number.<br>d and the date<br>dat. Article Num<br><u>2597</u><br>db. Service Tyr<br>Bregistered<br>□ Express Ma<br>Frietum Receij<br>7. Date of Delin<br>2   Ma<br>8. Addressee's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Address  Address  Address  Restricted Delivery  Rest | hank you for using Return Receipt Service.<br>RETURN ADDRESS commissed on the reverse | Complete item 3.4e, and 4b.<br>Print your name and address on the reverse of this form si-<br>card to you.<br>Attach this form to the front of the mailpiece, or on the bac<br>Write 'Return Receipt Requested' on the mailpiece below<br>The Return Receipt will show to whom the article was deli-<br>delivered.<br>3. Article Addressed to:<br>Rodolfo S. Garza<br>1616 S. Cochran<br>Hobbs, NM 88240<br>5. Received By: ( <i>Print Name</i> )<br>Addressed Job 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | k II space does not<br>the article number.<br>ivered and the date<br>4a. Article Nu<br>2<br>4b. Service T<br>Registered<br>Express M<br>Return Rect<br>7. Date of Del<br>8. Addressee | Ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Address  Addres  Add |

| SENDER:<br>© Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>© Print your name and address on the reverse of this form so that v<br>card to you.<br>© Atlach this form to the front of the mailpiece, or on the back if spa-<br>permit.                                                                                                                          |                                          | I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Atlach this form to the front of the mailpiece, or on the back if is<br>permit.                                                                                                                                                |                                                          | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Write "Return Receipt Requested" on the mailpiece below the art</li> <li>The Return Receipt will show to whom the article was delivered.</li> </ul>                                                                                                                                                                                                                                            | icle number.<br>and the date             | 2. 🗋 Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | permit.<br>□ Write 'Return Receipt Requested' on the mailpiece below the<br>□ The Return Receipt will show to whom the article was delivered<br>delivered.                                                                                                                                                                                                                                                         | article number.<br>Id and the date                       | <b>_</b>                                                                                                                     |
| delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Nu                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nu<br>ZO                                     | mber<br>17,009,680                                                                                                           |
| Oscar Alfredo Mojica                                                                                                                                                                                                                                                                                                                                                                                    | 4b. Service Ty                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g     3. Article Addressed to:       g     Guadalupe G. Guzman       G     320 W Castle                                                                                                                                                                                                                                                                                                                            | 4b. Service T                                            | ype O                                                                                                                        |
| 317 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                        | C Registered                             | ail ☐ Insured ⊑<br>pt for Merchandise ☐ COD 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 320 W Castle<br>01 Hobbs, NM 88240<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>12                                                                                                                                                                                                                                                                                                                   | (                                                        | ail Insured<br>hipt for Merchandise COD                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of Deli<br>ZIM                   | very g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Del                                           | ivery                                                                                                                        |
| Received By: (Print Name)<br>C2 n L 2 x 1 Z Jz 9 4 z 2<br>Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                |                                          | very 2000 not year of the second seco | 5. Received By: (Prigt Name)<br>5. Received By: (Prigt Name)<br>6. Signature (Addressfee or Agent)<br>6. Signature (Addressfee or Agent)                                                                                                                                                                                                                                                                           |                                                          | s Address (Only if requested and                                                                                             |
| <u>S Form 3811, December 1994</u>                                                                                                                                                                                                                                                                                                                                                                       | 102595-99-                               | B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99                                                | 8-0223 Domestic Return Receipt                                                                                               |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write 'Return Receipt Reguested' on the mailpiece below the ar                                                                  | ace does not<br>licle number.            | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Litach this form to the Iront of the mailpiece, or on the back if s<br>permit.<br>White "Ratum Raceipt Requested" on the mailpiece below the a<br>The Ratum Raceipt will show to whom the article was delivered<br>delivered. | pace does not<br>Inticle number.                         | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery |
| The Return Receipt will show to whom the article was delivered delivered. Article Addressed to:                                                                                                                                                                                                                                                                                                         | 4a. Article Nu                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nur                                          | nber                                                                                                                         |
| Joe O Morales<br>309 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                       | 4b. Service T<br>Registered<br>Express M | ype<br>I ACertified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ອ<br>G. James L. Hicks<br>ວິ 318 W. Castle                                                                                                                                                                                                                                                                                                                                                                         | 4b. Service Ty<br>Registered<br>Express Ma<br>Express Ma | Certified                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | ivery à                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S) Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                 | 7. Date of Del                                           | Very 2000                                                                                                                    |
| Beceived By: (Print Name)<br>DOC MOLA 205<br>Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                             |                                          | s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. Received By: (Print Name)<br>5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                  | 8. Addressee's<br>fee is paid)                           | Address (Only if requested and                                                                                               |
| PS Form <b>9611</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                     | 102595-99                                | B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-                                               | B-0223 Dornestic Return Receipt                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                                                                              |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>perma.<br>Write 'Return Receipt Reguested' on the malipiece below the a<br>The Return Receipt will show to whom the article was delivered. | nticle number.<br>I and the date         | 1. Addressee's Address     2. Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The Return Receipt will show to whom the article was delivered.                                                                                                                                                                                                                                                                                                                                                    | ace does not<br>rticle number.<br>I and the date         | also wish to receive the follow-<br>ing services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery           |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                | 4a. Article N                            | 17 009699                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nun<br>257                                   | 7009916                                                                                                                      |
| Mable Montgomery<br>307 W. Castle                                                                                                                                                                                                                                                                                                                                                                       | 4b. Service                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Article Addressed to:<br>John F. Bryant<br>Bryant Living Trust                                                                                                                                                                                                                                                                                                                                                  | 4b. Service Ty                                           |                                                                                                                              |
| Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                         | Express !                                | Mail Dinsured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    | Express Ma                                               | il 🗍 Insured                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of De                            | elivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Detr                                          | pt for Merchandise COD                                                                                                       |
| 5. Beceived By: (Print Name)<br>MZDLC Monty Monty<br>6. Signature (Addressee or Agent)<br>MADLC Montg Brach<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                      |                                          | e's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                | 8. Addressee's<br>fee is paid)                           | Address (Only if requested and                                                                                               |
| mable Montgomen                                                                                                                                                                                                                                                                                                                                                                                         |                                          | 9-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <sup>9</sup> / <sub>2</sub> <u>MW</u> /. <u>3</u> <u>M</u> <u>M</u><br>B Form 3811, December 1994                                                                                                                                                                                                                                                                                                                  | 102595-99-                                               | a-0223 Domestic Return Receipt                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                                                                                              |

- -

• .

.

-----

reverse side? SENDER: I also wish to receive the follow-Complete items 1 and/or 2 for additional services. ing services (for an extra fee): Complete items 1, and 40. Print your name and address on the reverse of this form so that we can return this 1. Addressee's Address Raceint Service card to you. Attach this form to the front of the mailpiece, or on the back if space does not 2. 
Restricted Delivery permit the Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 5 delivered. 3. Article Addressed to: 4a. Article Number completed F Return 4b. Service Type Lyndel Gene Mason Certified Registered Jody Marie Mason nnisu **RETURN ADDRESS** Express Mail Insured 1601 S. Cochran Beturn Receipt for Merchandise COD Hobbs, NM 88240 č 7. Date of Delivery Thank vou 5. Received By: (Print Name) 21 Mel 8. Addressee's Address (Only if requested and لعج fee is paid) 0 your J 6. Signature (Addressee or Agent) Ś Domestic Return Receipt PS Form 3811, December 1994 102595-99-B-0223 reverse side? SENDER: also wish to receive the following services (for an extra fee): Complete items 1 and/or 2 for additional services. Complete items 1, and 4b. Print your name and address on the reverse of this form so that we can return this 1. Addressee's Address card to you Attach this form to the front of the mailpiece, or on the back if space does not 2. 
Restricted Delivery permit. □ Write "Return Receipt Requested" on the mailpiece below the article number. □ The Return Receipt will show to whom the article was delivered and the date the 5 delivered. RETURN ADDRESS completed 3. Article Addressed to: 4a. Article Number 25 **Timothy Pritchard** 4b. Service Type Certified 507 W. Castle Registered linsured Hobbs, NM 88240 Express Mail PReturn Receipt for Merchandise COD 7. Date of Delivery 21 May 2000 8. Addressee's Address (Only if requested and 5. Received By: (Print Name) fee is paid) your 6. Sig ddressee or A ⊃uszn Pritchard <u>s</u> Domestic Return Receipt PS Form 3811, December 1994 102595-99-B-0223 SENDER: side I also wish to receive the follow-Complete items 1 and/or 2 for additional services. ing services (for an extra fee): Complete items 3, 4a, and 4b. reverse Thank you for using Return Receipt Service. card to you. 1. Addressee's Address Restricted Delivery permit.

Write "Return Receipt Requested" on the mailpiece below the article number. the The Return Receipt will show to whom the article was delivered and the date 5 delivered. 3. Article Addressed to: 4a. Article Number ADDRESS completed 70 **Billy S. Braziel** 4b. Service Type 513 West Castle Registered Certified Hobbs, NM 88240 🗋 Insured Express Mail Return Receipt for Merchandise 🛛 COD 7. Date of Delivery 21 March 2000 RETURN 8. Addressee's Address (Only if requested and 5. Received By: (Print Name Bill fee is paid) your Domestic Return Receipt **811**, December 1994 102595-99-B-0223

usina Return Receipt Service **Fhank vou for** 

| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this forn<br>card to you.<br>Attach this form to the front of the mailpiece, or on the<br>permit.<br>Write "Return Receipt Requested" on the mailpiece be<br>The Return Receipt Will show to whom the article was<br>delivered. | back if space does not                                             | I also wish to receive the follo<br>ing services (for an extra fee):<br>1. |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| I. Article Addressed to:<br>Joe H. Goad<br>Elva Ortega<br>307 Temple<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                         | 4a. Article Nu<br>251<br>4b. Service Ty<br>Registered<br>Express M | pe pertified                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                 | 7. Date of Del                                                     |                                                                            |  |
| . Received By: (Print Name)<br>. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                 | 8. Addressee'<br>fee is paid)                                      | 8. Addressee's Address (Only if requested and fee is paid)                 |  |
| 6 Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                              | 102595-99-                                                         | B-0223 Domestic Return Rece                                                |  |

i -

. . . . . . . . . . . .

| l on the reverse side?               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if span<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the arti<br>The Return Receipt will show to whom the article was delivered a<br>delivered. | ce does not     1. □ Addressee's Address     9       ce does not     2. □ Restricted Delivery     0       ride number.     1     1 |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| your <u>RETURN ADDRESS</u> completed | 3. Article Addressed to:<br>Larry C. Gilcrease<br>206 W. Temple<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                             | Express Mail     Insured     Fight Receipt for Merchandise     COD                                                                 |
| s your <u>RETUR</u>                  | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                              | 8. Addressee's Address (Only if requested and fee is paid)                                                                         |
| 5                                    | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                    | 102595-99-B-0223 Domestic Return Receipt                                                                                           |

| side?                   | SENDER:                                                                                                                                                                                                                                                                                                                                                       |                                                       | I also wish to receive the follow-                                               |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|
| _<br>on the reverse sid | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this f<br>card to you.<br>Attach this form to the front of the mailpiece, or on th<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece<br>ID he Return Receipt Requested' on the articles wide<br>delivered. | e back if space does not<br>below the article number. | ing services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery |
| completed o             | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                      | 4a. Article Nu<br>757                                 | 1009 510                                                                         |
| 료                       | Raymundo Rodarte                                                                                                                                                                                                                                                                                                                                              | 4b. Service T                                         | ype                                                                              |
| 0                       | 311 S. Ave. B                                                                                                                                                                                                                                                                                                                                                 | Registere                                             | d ACertified                                                                     |
| SS                      | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                               | Express N                                             | Aail 🗍 Insured                                                                   |
| E E                     |                                                                                                                                                                                                                                                                                                                                                               | Fetum Rec                                             | ceipt for Merchandise COD                                                        |
| ADDRESS                 |                                                                                                                                                                                                                                                                                                                                                               | 7. Date of De                                         | elivery                                                                          |
| ETURN                   | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                  |                                                       | e's Address (Only if requested and                                               |

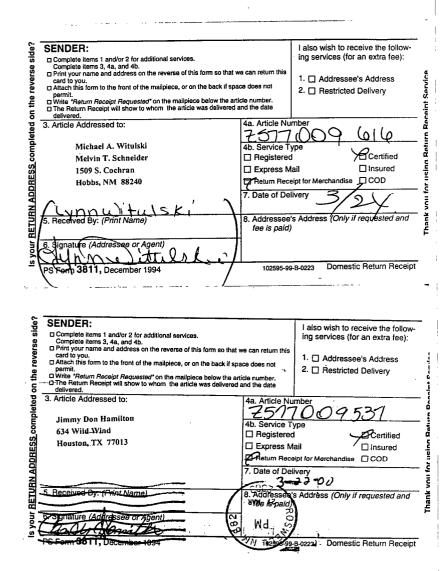
| on the reverse side?     | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that v<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa<br>permit.<br>Write 'Asturn Receipt Requested' on the mailpiece below the anti<br>The Return Receipt Requested' on the mailpiece below the anti<br>delivered. | ce does not                                                                                                                                                                                                                                                                                                   |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RETURN ADDRESS completed | 3. Article Addressed to:<br>Mary L. Johnson<br>P O Box 1692<br>Hobbs, NM 882411692                                                                                                                                                                                                                                                                                                                                         | 4a. Article Number       Set unper         2       3         4b. Service Type       Service Type         Begistered       Secrified         Express Mail       Insured         Receipt for Merchandise       COD         7. Date of Delivery       8. Addressee's Address (Only if requested and fee is paid) |
| ls your <u>RETUF</u>     | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                          | 8. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                    |
| ž                        | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                | 102595-99-8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                      |

L

| on the reverse side? | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>P finit your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa<br>permit.<br>Write "Ratum Receipt Requested" on the mailpiece below the arti<br>Che Retum Receipt Requested on the mailpiece below the arti-<br>delivered. | ce does not<br>cle number,                                                                          | ing services (                                    | receive the follow-<br>for an extra fee):<br>see's Address<br>ed Delivery |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------|
| RN ADDRESS completed | 3. Article Addressed to:<br>Louis Ray Thorp<br>PO Box 592<br>Carlsbad, NM 88221                                                                                                                                                                                                                                                                                                                                            | 4a. Article Nu<br>257<br>4b. Service Ty<br>Registered<br>Express M<br>Return Rece<br>7. Date of Del | 7009<br>ype<br>lail<br>lail<br>lipt for Merchand! |                                                                           |
| is your <u>RETUR</u> | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                          | 8. Addressee'<br>fee is paid)                                                                       |                                                   | r if requested and                                                        |
| -                    | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99                                                                                           | -B-0223 Dome                                      | stic Return Receipt                                                       |

| on the reverse side?  | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa<br>permit.<br>Write 'Ratum Receipt Requested' on the mailpiece below the artii<br>The Ratum Receipt Requested' on the mailpiece below the artii<br>delivered. | ce does not<br>cie number.                                                                      | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery | ceipt Service.                             |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| N ADDRESS completed o | 3. Article Addressed to:<br>Agapito Avalos<br>1211 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                           | 4a. Article Nu<br>7<br>4b. Service T<br>Registered<br>Express M<br>Return Reco<br>7. Date of De | ype GLOS<br>atail Insured<br>leipt for Merchandise COD                                                                       | Thank you for using Return Receipt Service |
| s your <u>RETUR</u>   | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                          | 8. Addressee<br>fee is paid)                                                                    | 's Address (Only if requested and                                                                                            | Thank                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·                                                                                                                                            |                           | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if spa-<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the malipiece below the arill<br>The Return Receipt will show to whom the article was delivered a<br>delivered. | the number,<br>nd the date                                                                                                                   | a fee):<br>ess <u>e</u> s | The Return Receipt will show to whom the article was delivered and the date delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. Article Addressed to:<br>Gunnar J. Huvala<br>621 Agee Street # 243<br>San Deigo, CA 92122                                                                                                                                                                                                                                                                                                                                             | 4b. Service Type<br>Registered<br>Express Mail<br>Receipt for Merchandise<br>7. Date of Øelivery                                             | for using                 | Frank James Sedillo<br>P O Box 1324<br>Glenwood Spring, CO 81601<br>Control Control                                                                                                                |
| 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>Control of Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                               | 3/22/00<br>B. Addressee's Address (Only if requester<br>fee is paid)<br>102595-99-B-0223 Domestic Return                                     | Тра                       | 5. Received By: (Print Name)       8. Addressee's Algess (Diverved Bit d and fee is paid)         6. Signature (Addressee or Agent)       2000         9       6. Signature (Addressee or Agent)         9       9         9       102595-99-8-0223         102595-99-8-0223       Doniestic Fleturn Receip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Ratum Receipt Requested</i> " on the mailpiece befow the a<br>It he Return Receipt Requested" on the mailpiece befow the<br>delivered.                | ace does not                                                                                                                                 | rafee):<br>ress 22        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>The Return Receipt will show to whom the article was delivered and the date<br>to to the delivered.<br>1 also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>1. Addressee's Address<br>2. Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3. Article Addressed to:<br>Ross A. Hamilton<br>Aletta Frost Hamilton<br>714 4th Street<br>Traer, IA 50675                                                                                                                                                                                                                                                                                                                               | 4a. Article Number<br>2577 00903<br>4b. Service Type<br>Registered<br>Express Mail<br>DReturn Receipt for Merchandise<br>7. Date of Delivery | titied D Long Retrinu     | 3. Article Addressed to:     7.617007011       4b. Service Type     Conrad Watson       313 W. Castle     Registered       4b. Service Type     Contrad Watson       9.3. Article Addressed to:     10.00000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5. Received By: (Prin Narret<br>0.<br>6. Signature (Addressee or Agent)<br>1.<br>PS Form 3811, December: 1994; ())                                                                                                                                                                                                                                                                                                                       | 8. Addressee's Address (Only if reques<br>fee is paid)<br>102595-99-8-0223 Domestic Return                                                   | Sted and Super-           | 5. Received By: (Print Name)<br>5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>5. Signature (Addressee or |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Christ your name and address on the reverse of this form so that<br>card to you.<br>Datated this form to the front of the mailpiece, or on the back if s<br>permit.<br>D Write "Paturn Receipt Requested" on the mailpiece below the -<br>christ Christian Receipt will show to whorn, the article was delivered<br>delivered.         | pace does not 1.  Addressee's Add<br>2.  Restricted Deliver<br>article number.                                                               | dress                     | SENDER:       • Complete items 1 and/or 2 for additional services.       • also wish to receive the following services (for an extra the is you.         • Complete items 3, 44, and 45.       • also wish to receive the following services (for an extra the is you.         • Print your name and address on the reverse of this form so that we can return this extra the is to you.       • also wish to receive the following services (for an extra the):         • Attach this form to the fort of the malipiece, or on the back if space does not permit.       • Write 'Recurrent Receipt Reguested' on the malipiece below the article number.         • Write 'Return Receipt will show to whom the article was delivered and the date delivered.       2. □ Restricted Delivery Consult postmaster for fee.         • Article Addressed to:       14a, Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221                                                                                                                                                                                                                                                                                                                                                        | Express Mail Express Mail Control                                                                                                            |                           | E       Colorado River Comm of Nevada       2572009751         4b. Service Type       4b. Service Type         Director       Begistered       Ocertia         555 E Washington Avenue, Suite 3100       Express Mail       Insur         Version       Version       Control         Version       Version       Certia         Version       Version       C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5. Received By: (Print Name)<br>1. H. ( ) NININGHAM<br>6. Signature/(Appressee or Agent)<br>. M. H. UMMING Law<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                    | B. Addressee's Address (Only if reque<br>fee is paid)<br>102595-99-B-0223 Domestic Retu                                                      |                           | Las vegas, IVV 89158       7. Date of Delivery         S. Received By (ATTE MARK)       GOMPLEX         By (ATTE MARK)       MASHINGTON AVE. #120%         By (ATTE MARK)       MASHINGTON AVE. #120%         ATTE MARK       MASHINGTON AVE. #120%         By (ATTE MARK)       MASHINGTON AVE. #120%     <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | side?                                                                                                              | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print your name and address on the reverse of this form so that we have a second se                                                 | we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ervice.<br>reverse                                                                                                 | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| card to you.      Attach this form to the front of the mailpiece, or on the back if spa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eve vic                                                                                                            | card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | space does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| permit.<br>D Write "Return Receipt Requested" on the mailpiece below the art                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ticle number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | pt Se<br>the r                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| The Return Receipt will show to whom the article was delivered addiversed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Receipt Service.<br>ed on the revers                                                                               | delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a. Article Nu<br>Z5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | umber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Kurt M. Ritter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1009038                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Return                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 011001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 740 Heer St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Service T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | an det                                                                                                             | Manuel Carrasco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4b. Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Platteville, WI 53818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5 3                                                                                                                | 304 W. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Findevine, WT 55818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Express M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | using  <br>IESS c                                                                                                  | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Express I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - ju - El                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Return Red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ceipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | livery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AD V                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | elivery $2/23$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5-24-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Thank you<br>IETURN AI                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. Received By: (Print, Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | L av                                                                                                               | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| KULT KITTEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ~ 월                                                                                                                | XIONOLO (CALON ME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | fee is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Red to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,<br>your                                                                                                          | ATOROSA (Grasco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 102595-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - ଏ                                                                                                                | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 102595-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                                  | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | side?                                                                                                              | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sic                                                                                                                | Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Print your name and address on the reverse of this form so that we have a second se                                                 | we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e.<br>Lse                                                                                                          | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t we can return this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vic<br>                                                                                                            | card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. D Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ser                                                                                                                | permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. 🗋 Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| The Return Receipt will show to whom the article was delivered a delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Receipt Service                                                                                                    | Write "Return Receipt Requested" on the mailpiece below the a<br>The Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | article number.<br>d and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a. Article Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mber ~ ~ ~ ~ ~ ~ ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lecelt<br>ad on                                                                                                    | delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4a. Article Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | umber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Four Corners Pipeline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7014655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17/09/549                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5900 Cherry Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4b. Service T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Return                                                                                                             | Altura Energy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4b. Service T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VDe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Long-Beach, CA 90805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | PO Box 4294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Begistere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Long Beach, CA 90805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Express M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lail Dinsured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | using<br>RESS of                                                                                                   | Houston, TX 772104294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Express N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Beturn Bece                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eipt for Merchandise 🔲 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 H H                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Return Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eipt for Merchandise 🔲 COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - 0                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. Date of Del                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | livery 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I for using                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | avery Ald y & VIIIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | livery 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N A V                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MAR 2 3 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Del<br>8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ivery <u>MAR 2 3 2009</u><br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N A V                                                                                                              | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAR 2 3 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Del                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ivery <u>MAR 2 3 2009</u><br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Thank you for<br>RETURN ADD                                                                                        | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. Date of Del<br>8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ivery <u>MAR 2 3 2009</u><br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N A V                                                                                                              | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. Signature (Addingese (PAgent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Date of Del<br>8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ivery <u>MAR 2 3 2009</u><br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N A V                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. Signature (Addingese (PAgent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Date of Del<br>8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | livery 2 3 2009<br>MAR 2 3<br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N A V                                                                                                              | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. Signature (Activesses (*Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7. Date of Del<br>8. Addressee<br><i>fee is paid</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | livery 2 3 2009<br>MAR 2 3<br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N A V                                                                                                              | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee<br>fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. Signature (Addressee GrAgent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7. Date of Del<br>8. Addressee<br><i>fee is paid</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | livery 2 3 2009<br>MAR 2 3<br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N A V                                                                                                              | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee<br>fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. Signature (Addressee GrAgent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7. Date of Del<br>8. Addressee<br><i>fee is paid</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | livery 2 3 2009<br>MAR 2 3<br>s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Thank you<br>is your <u>RETURN A</u>                                                                               | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee<br>fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Signature (Addingenessee (PAgent)<br>PS Form 3811, December 1994<br>SENDER:<br>© Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7. Date of Del<br>8. Addressee<br><i>fee is paid</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ivery <u>AR</u> 2 3 2009<br>s Address (Only if requested and<br>-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N A V                                                                                                              | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. Addressee<br>fee is paid,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAR 2 3 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SENDER: Complete items 1 and/or 2 for additional services. Complete items 1 and/or 2 for additional services. Complete items 3 4.4, and 4b. Print your name and address on the reverse of this form so that w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Date of Del<br>8. Addressee<br>fee is paid)<br>102595-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Thank you<br>is your <u>RETURN A</u>                                                                               | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. Addressee<br>fee is paid,<br>102595-94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAR & J LOOO<br>'s Address (Only if requested and<br>)<br>Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. Signature (Alternative See (Agent)<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Del<br>8. Addressee<br>fee is paid)<br>102595-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ce. Thank you stress side? Is your <u>BETURN A</u>                                                                 | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee<br>fee is paid,<br>102595-94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address (Only if requested and Control of the second seco                                                                                                                                                                                                                                                                                                 |
| Signature (ArBinecises (Agent) Source (Agent) Source (Agent) Complete items 1 and/or 2 for additional services. Complete items 3, 44, and 40. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spa- permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7. Date of Del<br>8. Addressee<br><i>fee is paid</i> )<br>102595-99<br>we can return this<br>ace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Service. Thank you he is the side? Is your <u>BETURN A</u>                                                         | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee<br>fee is paid,<br>102595-94<br>twe can return this<br>pace does not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MAR & J 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. Signature (ABinotises (Agent)<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece betow the arti<br>The Return Receipt Requested' on the mailpiece betow the artic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul> <li>7. Date of Del</li> <li>8. Addressee'<br/>fee is paid)</li> <li>102595-99</li> <li>102595-99</li> <li>we can return this<br/>ace does not<br/>ide number.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Service. Thank you he is the side? Is your <u>BETURN A</u>                                                         | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if sp<br>permit.<br>Write " <i>Return Receipt Reguested</i> " on the mailpiece below the a<br>I The Return Receipt Reguested" on the mailpiece below the seleverse                                                                                                                                                             | 8. Addressee<br>fee is paid,<br>102595-90<br>twe can return this<br>pace does not<br>tride number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address (Only if requested and Control of the second seco                                                                                                                                                                                                                                                                                                 |
| Signature (Actinesses (rAgent) Source (Actinesses (rAgent)) Source (Actinesses (rAgent)) Source (Actinesses) Source (Actiness                                               | <ul> <li>7. Date of Del</li> <li>8. Addressee'<br/>fee is paid)</li> <li>102595-99</li> <li>102595-99</li> <li>we can return this<br/>ace does not<br/>ide number.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ivery <u>MAR</u> 2 3<br>s Address ( <i>Only if requested and</i><br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Service. Thank you he is the side? Is your <u>BETURN A</u>                                                         | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if eg     parmit.     Write 'Return Receive Requested' on the mailpiece below the se                                                                                                                                                                                                                                   | 8. Addressee<br>fee is paid,<br>102595-93<br>t we can return this<br>pace does not<br>urticle number.<br>d and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address (Only if requested and be-o223 Domestic Return Receipt I also wish to receive the follow- ing services (for an extra fee): 1.  Addressee's Address 2.  Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Signature (Actine Sec (rAgent) S Form 3811, December 1994 Complete items 1 and/or 2 for additional services. Complete items 3, 43, and 40. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spa- permit. Write 'Ratur Receipt Reguested' on the mailpiece below the arti The Return Receipt Reguested' on the mailpiece below the arti The Return Receipt Reguested' on the mailpiece below the arti The Return Receipt Reguested' on the mailpiece below the arti The Return Receipt Reguested' on the mailpiece below the article was delivered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of Del<br>8. Addressee'<br><i>fee is paid</i> )<br>102595-99<br>we can return this<br>ace does not<br>icte number.<br>and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Service. Thank you he is the side? Is your <u>BETURN A</u>                                                         | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if sp permit.     Write 'Haturn Receipt Reguested' on the mailpiece below the a     The Return Receipt Reguested' on the mailpiece below the a                                                                                                                                                                         | 8. Addressee<br>fee is paid,<br>102595-94<br>1 we can return this<br>pace does not<br>unticle number.<br>3 and the date<br>4a. Article NL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S Address (Only if requested and<br>S Address (Only if requested and<br>D B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature (Actine Sec (*Agent) SForm 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 44, and 40. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the malpiece, or on the back if spa- permit. Write 'Return Receipt Reguested' on the malpiece betow the arti The Return Receipt Reguested' on the malpiece betow the article was delivered a delivered . Complete Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Addressee<br>fee is paid)     102595-99     102595-99     ve can return this ace does not     tick number,     and the date     [4a. Artjicle Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Service. Thank you he is the side? Is your <u>BETURN A</u>                                                         | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if sp permit.     Write 'Heturn Receipt Malphane' on the mailpiece balow the se     The Return Receipt Malphane' on the mailpiece balow the se     delivered.     3. Article Addressed to:                                                                                                                             | 8. Addressee<br>fee is paid,<br>102595-94<br>1 we can return this<br>pace does not<br>uticle number.<br>3 and the date<br>4a. Article NL<br>2 5 7 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address (Only if requested and<br>Address (Only if requested and<br>DeB-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>Imber<br>7 009 750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature (ActinesSec (Agent) Source (ActinesSec (Agent) Source (ActinesSec (Agent)) Source (Addressec (Age                                               | Addressee<br>fee is paid)     102595-99     102595-99     ve can return this     ace does not     icle number,     and the date     4a. Article Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994      SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     partin to urname and address on the reverse of this form so that     ord to you.     Attach this form to the front of the mailpiece, or on the back if a     permit.     Write ' <i>Hatum Receipt Requested'</i> on the mailpiece below the <i>a</i> the Hatum Receipt will show to whom the article was delivered.     Article Addressed to:     Westinghouse Electric Corp.                         | 8. Addressee<br>fee is paid,<br>102595-94<br>1 we can return this<br>pace does not<br>unticle number.<br>3 and the date<br>4a. Article NL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address (Only if requested and<br>b-b-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>Imber<br>7.009.750<br>ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature (Actine Sec (Agent) Solution                                               | Addressee<br>fee is paid)     102595-99     102595-99     we can return this     ace does not     ide number.     and the date     4a. Afticle Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>77 009 77 1<br>ype TAFE Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994      SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if ag     Write 'Hatum Receipt will show to whom the article was delivered     delivered. 3. Article Addressed to:     Westinghouse Electric Corp.     Manager— Uranium Resources Div.                                                                                                                                | 8. Addressee<br>fee is paid,<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94  | Address (Only if requested and<br>be-o223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>Imber<br>7 009 750<br>ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature (Actingessed TrAgent)<br>Source (Actingessed TrAgent)<br>Source (Actingessed TrAgent)<br>Source (Actingessed Tragent)<br>Sender (Actingessed Tragent)<br>Complete items 3, 4a, and 4b.<br>Ornit your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa-<br>pernit.<br>Write 'Return Receipt Requested' on the mailpiece below the arti-<br>lative this form to the front of the mailpiece below the arti-<br>pernit.<br>Write 'Return Receipt Requested' on the mailpiece below the arti-<br>lative return and the article was delivered a<br>delivered active of the article was delivered to the article was del | Addressee'<br>fee is paid)     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-9     102595-9      102595-9     102595-9     102595-9     102595-9                    | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>77 009 77 1<br>ype TAFE Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if eg-<br>permit.<br>Write 'Ratum Receipt Will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Westinghouse Electric Corp.<br>Manager Uranium Resources Div.<br>P. O. Box 355                                                                                                              | 8. Addressee<br>fee is paid,<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-910 | Address (Only if requested and<br>Address (Only if requested and<br>be-ozza Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>Imber<br>7 009 75 0<br>ype<br>A 152 Sertified<br>tail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signature (Actingessee (FAgent))<br>S Form 3811, December 1994<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 44, and 40.<br>Print your name and address on the reverse of this form so that w<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spa-<br>pernit.<br>Write 'Hatum Receipt Requested' on the mailpiece below the arti-<br>al trach this form to the front of the mailpiece, or on the back if spa-<br>pernit.<br>Write 'Hatum Receipt Requested' on the mailpiece below the arti-<br>delivered.<br>Article Addressed to:<br>Lee Wilson & Associates<br>P. O. Box 931                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Addressee'<br>fee is paid)     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9                       | Ivery <u>MAR</u> 2 3 2009<br>s Address ( <i>Only if requested and</i><br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>Addressee's Address<br>2. Restricted Delivery<br>mber<br>TAFE<br>Addressee's Address<br>2. Restricted Delivery<br>mber<br>TAFE<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted  | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994      SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if ag     Write 'Hatum Receipt will show to whom the article was delivered     delivered. 3. Article Addressed to:     Westinghouse Electric Corp.     Manager— Uranium Resources Div.                                                                                                                                | 8. Addressee<br>fee is paid,<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94<br>100595-94  | Address (Only if requested and<br>be-o223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>amber<br>Addressee's Address<br>2.  Restricted Delivery<br>Addressee's Address<br>3.  Addressee's Address<br>4.  Addressee's Address<br>4.  Addressee's Address<br>5.  Addressee's Address<br>5.  Addressee's Address<br>5.  Addressee's Address<br>5.  Addressee's Address<br>6.  Addressee's Address<br>6.  Addressee's Address<br>7.  Address                                                                                                                               |
| Server and a services of the services. Complete items 1 and/or 2 for additional services. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attact this form to the front of the mailpiece, or on the back if spa- permit. Write 'Raturn Receipt Reguested' on the mailpiece below the article was delivered. Attact this form to the dront of the mailpiece about the article to the server additional services. Lee Wilson & Associates P. O. Box 931                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Addressee'<br>fee is paid)     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-9     102595-9      102595-9     102595-9     102595-9     102595-9                    | Ivery <u>MAR</u> 2 3 2009<br>s Address ( <i>Only if requested and</i><br>-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>Addressee's Address<br>2. Restricted Delivery<br>mber<br>TAFE<br>Addressee's Address<br>2. Restricted Delivery<br>mber<br>TAFE<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>MAR<br>Addressee's Address<br>2. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted  | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if eg-<br>permit.<br>Write 'Ratum Receipt Will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Westinghouse Electric Corp.<br>Manager Uranium Resources Div.<br>P. O. Box 355                                                                                                              | 8. Addressee<br>fee is paid,<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-910 | Address (Only if requested and<br>be-o223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Imber<br>ype<br>15 Sentified<br>tail<br>Part 15 Sentified<br>Insteed<br>eipt for workapper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Addressed to: Service Addressed to: Complete items 1 and/or 2 for additional services. Complete items 1 and/or 2 for additional services. Complete items 3, 44, and 40. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spa- permit. Write 'Return Receipt Reguested' on the mailpiece below the article addivered a service Addressed to: Lee Wilson & Associates P. O. Box 931 Santa Fe, N.M. 87501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Y. Date of Del     Addressee     fee is paid     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     1                | Ivery AR 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Imber 777<br>Super Table Address<br>2. Restricted Delivery<br>Imber 777<br>I and Table Address<br>2. Restricted Delivery<br>Insured<br>aipt for Merchandise<br>2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if ap     permit.     Write 'Haturn Receipt Requested' on the mailpiece below the se     The Return Receipt Requested' on the mailpiece below the se     The Return Receipt Requested to:     Westinghouse Electric Corp.     Manager Uranium Resources Div.     P. O. Box 355     Pittsburg, P.A. 15230               | 8. Addressee<br>fee is paid,<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-910 | Address (Only if requested and<br>Address (Only if requested and<br>B-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Imber<br>2. Restricted Delivery<br>Instruction<br>2. Restricted Delivery<br>Instruction<br>2. Restricted Delivery<br>Instruction<br>2. Restricted Delivery<br>Instruction<br>2. Delivery<br>2. Deliver |
| Service Addressed to: Service Addressed to: Complete items 1 and/or 2 for additional services. Complete items 1 and/or 2 for additional services. Complete items 3, 44, and 40. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spa- permit. Write 'Return Receipt Reguested' on the mailpiece below the article addivered a service Addressed to: Lee Wilson & Associates P. O. Box 931 Santa Fe, N.M. 87501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Addressee'<br>fee is paid)     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-99     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9     102595-9                       | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>770 771<br>ype TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>MAR 2 2000<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted Delivery | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if eg-<br>permit.<br>Write 'Ratum Receipt Will show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Westinghouse Electric Corp.<br>Manager Uranium Resources Div.<br>P. O. Box 355                                                                                                              | 8. Addressee<br>fee is paid,<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>10259                                                                                                                                                                                                                                                | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signature (Actine See (Agent) Signature (Actine See (Agent) Signature (Actine See (Agent)) Signature (Actine See (Agent)) Signature (Agent) Signature (Agent) Signature (Agent) Signature (Agent) Signature (Agent) (Complete items 1 and/or 2 for additional services. Complete items 3, 44, and 46. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spa- permit. Write 'Acture Receipt Reguested' on the mailpiece below the article was delivered. Attach this form to the form of the mailpiece below the article was delivered. Attach this form to the Actine Section (Agent) Lee Wilson & Associates P. O. Box 931 Santa Fe, N.M. 87501 Si. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Addressee<br>fee is paid)     102595-99     102595-99     ve can return this     ace does not     itcle number,     and the date     4a. Article Nu     2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>770 771<br>ype TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>MAR 2 2000<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted Delivery | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if ep-<br>permit.<br>Write 'Ratum Receipt Mil show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Westinghouse Electric Corp.<br>Manager Uranium Resources Div.<br>P. O. Box 355<br>Pittsburg, P.A. 15230<br>5. Received By: (Print Name)                                                      | 8. Addressee<br>fee is paid,<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>102595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-91<br>100595-910 | Address (Only if requested and<br>Address (Only if requested and<br>Domestic Return Receipt<br>Lalso wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>Inder<br>Addressee's Address<br>2. Restricted Delivery<br>Inter<br>2009 750<br>ype<br>Addressee's Address<br>3. Restricted Delivery<br>Inter<br>2009 750<br>ype<br>Addressee's Address<br>3. Restricted Delivery<br>Inter<br>2009 750<br>ype<br>Addressee's Address<br>3. Restricted Delivery<br>Inter<br>2. Restricted Delivery<br>Inter<br>2. Restricted Delivery<br>Inter<br>3. Restricted Delivery<br>Inter<br>3. Restricted Delivery<br>Inter<br>3. Restricted Delivery<br>Inter<br>3. Restricted Delivery<br>Inter<br>3. Restricted Delivery<br>3. Restricted Delivery<br>3                                                                                                 |
| Signature (Actinesses (Magent) Signature (Actinesses (Magent) Signature (Actinesses (Magent) Signature (Actinesses (Magent)) Signature (Actinesses (Magent)) Signature (Actinesses (Magent)) Signature (Actinesses (Magent)) Signature (Actinesses or Agent) Signature (Actinesses or Agent) Signature (Actinesses or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Addressee<br>fee is paid)     102595-99     102595-99     ve can return this     ace does not     itcle number,     and the date     4a. Article Nu     2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>770 771<br>ype TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>2. Restricted Delivery<br>MAR 2 2000<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>Addressee's Address<br>3. Restricted Delivery<br>TTA FE<br>Addressee's Address<br>3. Restricted Delivery<br>3. Restricted Delivery | using Return Receipt Service. Thank you<br>BESS completed on the reverse side? Is your <u>RETURN A</u>             | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994     SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if ap     permit.     Write 'Haturn Receipt Requested' on the mailpiece below the se     The Return Receipt Requested' on the mailpiece below the se     The Return Receipt Requested to:     Westinghouse Electric Corp.     Manager Uranium Resources Div.     P. O. Box 355     Pittsburg, P.A. 15230               | 8. Addressee<br>fee is paid,<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>10259                                                                                                                                                                                                                                                | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| S. Signature (AggreeSee FrAgent) S. Form 3811, December 1994 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spa- permit. Write 'Rerum Receipt Hequested' on the mailpiece betow the arti The Return Receipt Hequested' on the mailpiece betow the arti The Return Receipt Hequested's on the article was delivered a delivered. Lee Wilson & Associates P. O. Box 931 Santa Fe, N.M. 87501 K. Received By: (Print Name) K. Sighature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul> <li>7. Date of Del</li> <li>8. Addressee' fee is paid)</li> <li>102595-99</li> <li>1</li></ul> | Ivery <u>MAR</u> 2 3 2009<br>is Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>777<br>ype <u>TAFE</u> Address<br>2. Restricted Delivery<br>mber<br>777<br>ype <u>TAFE</u> Address<br>2. Insured<br>all Dinsured<br>all Dinsured<br>all Street (Only if aquested and<br>3. 815                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)     GEE     PS Form 3811, December 1994      SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.     Print your name and address on the reverse of this form so that     card to you.     Attach this form to the front of the mailpiece, or on the back if ap     permit.     Write 'Ratum Receipt will show to whom the article was delivered     delivered. 3. Article Addressed to:     Westinghouse Electric Corp.     Manager Uranium Resources Div.     P. O. Box 355     Pittsburg, P.A. 15230 5. Received By: (Print Name) 6. Signature (Addressed Cardinal Security) | 8. Addressee<br>fee is paid,<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>10259                                                                                                                                                                                                                                                | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. Signature (Addressee or Agent) 2. SForm 3811, December 1994 3. SENDER: 3. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 4. Print your name and address on the reverse of this form so that we card to you. 4. Attach this form to the front of the mailpiece, or on the back if spa- permit. 9. Write 'Raturn Receipt will show to whom the anticle was delivered a delivered. 3. Article Addressed to: 4. Lee Wilson & Associates 7. O. Box 931 5. Received By: (Print Name) 5. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul> <li>7. Date of Del</li> <li>8. Addressee' fee is paid)</li> <li>102595-99</li> <li>102595-99</li> <li>we can return this ace does not lice number. and the date</li> <li>40. Service T</li> <li>Registered</li> <li>Express M</li> <li>Relum Registered</li> <li>7. Date of De</li> <li>8. Addressee' fee is paid)</li> <li>102595-99</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ivery <u>MAR</u> 2 3 2009<br>s Address (Only if requested and<br>B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>777<br>977<br>977<br>977<br>977<br>977<br>977<br>97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Return Receipt Service.         Thank you           completed on the reverse side?         Is your <u>RETURN A</u> | 6. Signature (Addressee or Agent)<br>GEE<br>PS Form 3811, December 1994<br>SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if ep-<br>permit.<br>Write 'Ratum Receipt Mil show to whom the article was delivered<br>delivered.<br>3. Article Addressed to:<br>Westinghouse Electric Corp.<br>Manager Uranium Resources Div.<br>P. O. Box 355<br>Pittsburg, P.A. 15230<br>5. Received By: (Print Name)                                                      | 8. Addressee<br>fee is paid,<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>102595-94<br>10259                                                                                                                                                                                                                                                | MAR 2 5 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

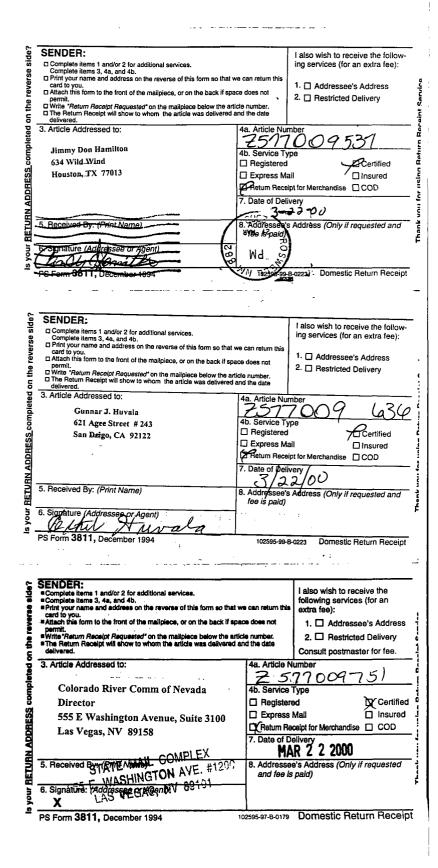


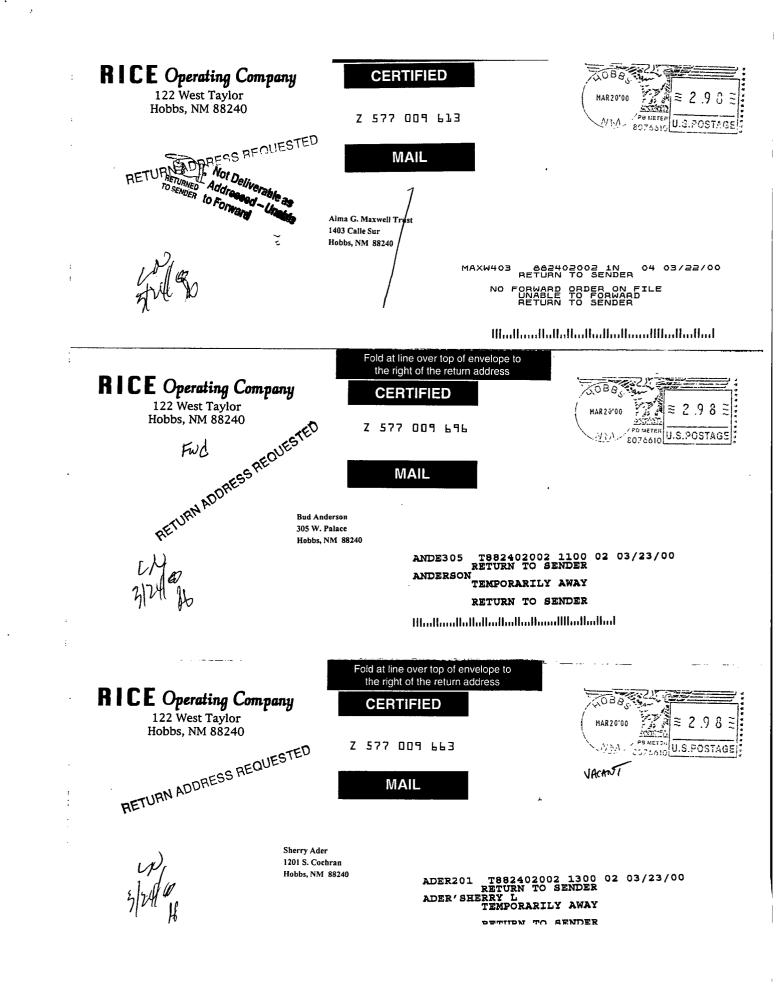


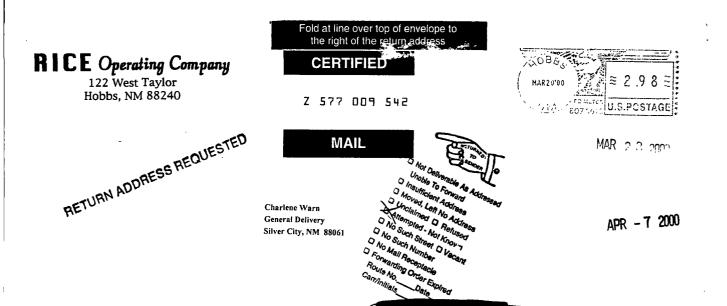


side? SENDER: I also wish to receive the follow-SENDER: Laiso wish to receive the follow-Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach, this form to the front of the mailpiece, or on the back if space does not ing services (for an extra fee): ing services (for an extra fee): C Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this reverse Service. 1. D Addressee's Address Service 1. Addressee's Address card t card to you. L. Attach this form to the front of the mailpiece, or on the back if space does not 2. 
Restricted Delivery Write "Return Receipt Requested" on the mailpiece below the article number.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date
 delivered. 2. 
Bestricted Delivery the C Write 'Return Receipt Requested' on the mailplace below the article number.
 The Return Receipt will show to whom the article was delivered and the date Receint Receipt 5 ered elivered 3. Article Addressed to: 4a. Article Number 3. Article Addressed to: completed 4a. Article Number Z577 4b. Service Type 009638 55Q Ross A. Hamilton using Return Mary E. Redinger 4b. Service Type Aletta Frost Hamilton Rat -Registered Certified B.B. 1, 100, 158 Certified Registered 714 4th Street rin ADDRESS Express Mail 🗍 Insured Olney, IL 62450 6938E. Countryside om Express Mail 1 Insured Traer, IA 50675 Return Receipt for Merchandise 🔲 COD Return Receipt for Merchandise COD ţ ğ 7 Date of Delivery 7. Date of Delivery 3,24,50 ŝ you 8. Addressee's Address (Only if requested and (hank) 5. Regeived By: (P rin Name 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)  $\mathcal{H}$ fee is paid) 6. Signature (Addressee or Agent) 6. Signature (Addressee or Agent) Mary Kean <u>0</u> PS Form 3811. December 1994 Domestic Return Receipt 102595-99-B-0223 102595-99-8-0223 Domestic Return Receipt PS Form 381/1, December 1994 SENDER: SENDER: I also wish to receive the follow-I also wish to receive the followreverse side 1) Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Printy your name and address on the reverse of this form so that we can return this ing services (for an extra fee): Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this ing services (for an extra fee): Service. 1. Addressee's Address Service card to you. 1. 
Addressee's Address card to you. 2. C Restricted Delivery permit. ⊐ Write '*Heturn Receipt Requested*' on the malipiece below the article number D The Return Receipt will show to whom the article was delivered and the date delivered. 4a. Artic 2. C Restricted Delivery permil. D Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. the Receipt Receint Ş 3. Article Addressed to: 4a. Article Number 3. Article Addressed to: 4a. Article Number **RETURN ADDRESS** completed 2577009707 4b. Service Type Return 2577009737 Patricia A. D'Andrea Jeanne Haffen 4b. Service Type Ē Registered Certified Certified P. O. Box 6387 Registered CAN'A " Buildspired **El Paso Natural Gas** Guisn Express Mail Santa Fe, NM 87502 Express Mail -----PO Box 1492 Diop Return Receipt Return Receipt for Merchandise COD ē El Paso, TX 79978 7. Date of Delive 2 7. Date of Delivery N Thank you 3-22-00 8. Addressee's Address (Only if requested and ŝ 5: Received By: (Print Name, 8. Addressee's 5. Received By: (Print Name), Andre fee is paid) tatricio fee is paid) USP' Isit ~ 6. Signature (Addressee or Agent 6. Signature (Addresse or Agent) /our ŝ PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt . . . . . . . . . . . . SENDER: SENDER: side? I also wish to receive the follow-I also wish to receive the follow-COMPLETE items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this ing services (for an extra fee): ing services (for an extra fee); 1. Addressee's Address card to you. I Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address 2. D Restricted Delivery Ser 2. C Restricted Delivery Ehe D Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date Write "Return Receipt Requested" on the mailplece below the article number.
 The Return Receipt will show to whom the article was delivered and the date ē 5 livered livered. 3. Article Addressed to: 3. Article Addressed to: 4a. Article Number completed Article Number 2517 OC 9699 7577(00 4b. Service Type 616 Mable Montgomery Ratur Michael A. Witulski 4b. Service Type 307 W. Castle Melvin T. Schneider Registered Certified Registered l Bulsn Hobbs, NM 88240 **RETURN ADDRESS** 1509 S. Cochran Express Mail Insured anist 🗆 Express Mail Insured Hobbs, NM 88240 Return Receipt for Merchandise COD Return Receipt for Merchandise ē ā 7. Date of Delivery . Date of Delivery ľhank you Ŋ ved By: (Print Name) 21 mar 200 5. Received By: (Print Name) MZDLC Montymm 8. Addressee's Address (Only if requested and Thank 8. Addressee's Address (Only if requested and fee is paid) fee is paid) ignature (Addressee or Agent) 6. Signature (Addressee or Agent) O Mable Monta ome VOUL 0 PS Form 3811, December 1994 Domestic Return Receipt 102595-99-8-0223 102595-99-B-0223 Domestic Return Receipt

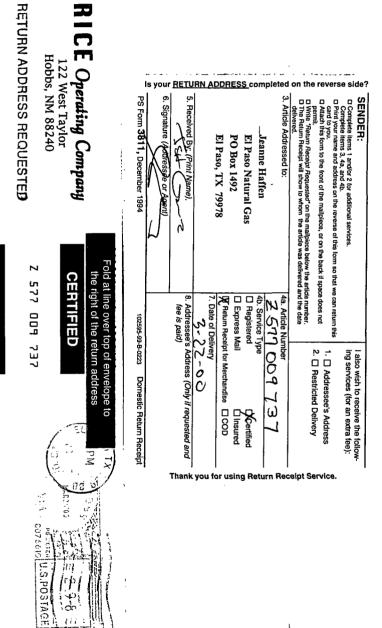
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                     |                                                                              | SENDER:<br>Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ve can return this 1.  Addressee's Address                                                                                                                                                                                                                                                                                 | Service                                                                      | <ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back</li> </ul>                                                                                                                                                                                                                                                                                                  | that we can return this                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    |
| and to you.<br>Card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ace does not 2. C Restricted Delivery                                                                                                                                                                                                                                                                                      | Ser                                                                          | card to you. a Attach this form to the front of the mailpiece, or on the back                                                                                                                                                                                                                                                                                                                                                                                                                               | if space does not                                                                                                                                                                                           | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                             |
| permit a second permit and the permit of the | ide number.                                                                                                                                                                                                                                                                                                                |                                                                              | o permit.<br>C D Write "Return Receipt Requested" on the mailpiece below th                                                                                                                                                                                                                                                                                                                                                                                                                                 | e article number                                                                                                                                                                                            | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                           |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and the date                                                                                                                                                                                                                                                                                                               | - 20 5                                                                       | o delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ered and the date                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7577009612                                                                                                                                                                                                                                                                                                                 | - rr -                                                                       | Charles D. Venue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4a. Article N<br>Z5                                                                                                                                                                                         | $\neg \neg \land \land \land \land \land$                                                                                                                                                                                                                                                                                                                          |
| Catholic Diocese Of Las Cruces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4b Service Type                                                                                                                                                                                                                                                                                                            | Return                                                                       | E Carolyn Yaws                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. Service                                                                                                                                                                                                 | <u>171004122</u>                                                                                                                                                                                                                                                                                                                                                   |
| 1280 Med Park Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Registered                                                                                                                                                                                                                                                                                                                 |                                                                              | 1810 S. Cochran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Begistere                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                    |
| Las Cruces, NM 88005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Express Mail                                                                                                                                                                                                                                                                                                               | r using                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Express I                                                                                                                                                                                                   | /                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Return Receipt for Merchandise COD                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             | ceipt for Merchandise COD                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Delivery                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-27-00                                                                                                                                                                                                                                                                                                                    | k you                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. Date of D                                                                                                                                                                                                | 2.24.00                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. Addressee's Address (Only if requested and                                                                                                                                                                                                                                                                              | Thank y                                                                      | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 Addresse                                                                                                                                                                                                  | e's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                 |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fee is paid)                                                                                                                                                                                                                                                                                                               | 비                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | fee is paid                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    |
| Jacqueline Vasquez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                          |                                                                              | 6, Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ·                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            | - 10                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    |
| Jacqueline Jacques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 102595-99-B-0223 Domestic Return Receip                                                                                                                                                                                                                                                                                    | ot <u>v</u>                                                                  | PS Form 1811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                           | a passa Domostia Rotura Reseita                                                                                                                                                                                                                                                                                                                                    |
| PS Form 3810 December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · ·                                                                                                                                                                                                                                                                                                                |                                                                              | PS round ber , becember 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 102595-9                                                                                                                                                                                                    | 9-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del> .                                                                                                                                                                                                                                                                                                              | ۴                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             | ·······                                                                                                                                                                                                                                                                                                                                                            |
| SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Letre wish to reacive the follow                                                                                                                                                                                                                                                                                           | side?                                                                        | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                 |
| Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                     | sesi                                                                         | <ul> <li>Complete items 3, 4a, and 4b.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             | ing services (for an extra fee):                                                                                                                                                                                                                                                                                                                                   |
| Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            |                                                                              | Print your name and address on the reverse of this form so the                                                                                                                                                                                                                                                                                                                                                                                                                                              | nat we can return this                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |
| card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. D Addressee's Address                                                                                                                                                                                                                                                                                                   | Service.<br>the rever                                                        | Attach this form to the front of the mailpiece, or on the back if                                                                                                                                                                                                                                                                                                                                                                                                                                           | space does not                                                                                                                                                                                              | 1. Addressee's Address                                                                                                                                                                                                                                                                                                                                             |
| Attach this form to the front of the mailpiece, or on the back if sp<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.  Bestricted Delivery                                                                                                                                                                                                                                                                                                    | Serv                                                                         | Dermit. Dermit. Write "Return Receipt Requested" on the mailpiece below the                                                                                                                                                                                                                                                                                                                                                                                                                                 | article number.                                                                                                                                                                                             | 2. C Restricted Delivery                                                                                                                                                                                                                                                                                                                                           |
| Write "Return Receipt Requested" on the mailpiece below the a<br>The Return Receipt will show to whom the article was delivered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nicle number.                                                                                                                                                                                                                                                                                                              | ipt S<br>on t                                                                | D The Return Receipt will show to whom the article was deliver<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                | red and the date                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                  |
| delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                            | a cel                                                                        | 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a. Article NL                                                                                                                                                                                              | imber                                                                                                                                                                                                                                                                                                                                                              |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4a. Article Number                                                                                                                                                                                                                                                                                                         | Re                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7.57                                                                                                                                                                                                        | 1009547                                                                                                                                                                                                                                                                                                                                                            |
| WL Dunnam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2577 009 642                                                                                                                                                                                                                                                                                                               | Return                                                                       | William F. McNeill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b. Service T                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                    |
| Estate of Lola-E Dunnam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4b. Service Type                                                                                                                                                                                                                                                                                                           |                                                                              | Will Terry Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registered                                                                                                                                                                                                  | " . A                                                                                                                                                                                                                                                                                                                                                              |
| Box 253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Registered     Zertified                                                                                                                                                                                                                                                                                                   | l Bu                                                                         | PO Box 1068                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Express N                                                                                                                                                                                                   | lail 🛛 🗍 Insured                                                                                                                                                                                                                                                                                                                                                   |
| Eunice, NM 88231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Express Mail Insured                                                                                                                                                                                                                                                                                                       | using  <br>DRESS                                                             | Hobbs, NM 88241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             | eipt for Merchandise 🔲 COD                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            | - o la                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. Date of De                                                                                                                                                                                               | livery of a st                                                                                                                                                                                                                                                                                                                                                     |
| Lola Dunnam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Delivery                                                                                                                                                                                                                                                                                                        | I I I<br>nank you for using Return Rece<br><u>RÉTURN ADDRESS comple</u> ted  | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                                                                                                                                                           | 3:24 00                                                                                                                                                                                                                                                                                                                                                            |
| - Chinam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            | Thank y<br>Ir <u>AETUF</u>                                                   | 5. Received By (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8. Addressee                                                                                                                                                                                                | 's Address (Only if requested and                                                                                                                                                                                                                                                                                                                                  |
| 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ol> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> </ol>                                                                                                                                                                                                                                            | 밀                                                                            | WTMEY ale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fee is paid)                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                    |
| -)ach Duranne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            | F                                                                            | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    |
| 6. Signature (Addressee of Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            | s yc                                                                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            |                                                                              | PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                             | Bassa Domostic Boture Bassint                                                                                                                                                                                                                                                                                                                                      |
| PS Form 3811 December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                   | Ť                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 102595-99                                                                                                                                                                                                   | -8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                    |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                   | <b>ī</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 102595-99                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                    |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 102595-99                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            |                                                                              | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99                                                                                                                                                                                                   | I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                 |
| ENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                   | side? +                                                                      | SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                    |
| ENDER:<br>1 Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                     | se side?                                                                     | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                             |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also wish to receive the follow-<br>ing services (for an extra fee):<br>can return this<br>1.                                                                                                                                                                                                                            | ce. +                                                                        | Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | at we can return this                                                                                                                                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. 	 Addressee's Address                                                                                                                                                                                                                                                                 |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I also wish to receive the follow-<br>ing services (for an extra fee):<br>can return this<br>e does not<br>2.                                                                                                                                                                                                              | arvice.                                                                      | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so thi<br>card to you.<br>Attach twis form to the front of the mailpiece, or on the back if<br>permit.<br>DWrite 'Raturn Receipt Requester' on the mailpiece below the                                                                                                                                                                                                                                             | at we can return this<br>space does not<br>adicia number                                                                                                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                                                                                                                                                                                                             |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>A Nach this form to the front of the malipiece, or on the back if space<br>permit.<br>Write <i>'Return Receipt Requested'</i> on the malipiece below the artic/<br>D The Return Receipt will show to whom the article was delivered an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                               | Service.                                                                     | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the                                                                                                                                                                                                                                             | at we can return this<br>space does not<br>adicia number                                                                                                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. 	 Addressee's Address                                                                                                                                                                                                                                                                 |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write " <i>Return Receipt Reguested</i> " on the mailpiece below the article<br>The Return Receipt will show to whom the article was delivered ar<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                               | eipt Service.                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>adicia number                                                                                                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery                                                                                                                                                                                                                                       |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write 'Reium Receipt Requested' on the malipiece below the article<br>The Return Receipt Haquested' on the malipiece below the article<br>The Return Receipt Haquested' on the malipiece was delivered ard<br>delivered.<br>Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                               | eipt Service.                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>mber                                                                                                                                                                                                                               |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space<br>permit.<br>Write ' <i>Peium Receipt Requested</i> ' on the malipiece below the article<br>The Return Receipt will show to whom the article was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                               | eipt Service.                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number,<br>ad and the date                                                                                                                               | I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> mber       7       009       7       1                                                                                                                                                                           |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Pint your name and address on the reverse of this form so that we<br>card to you.<br>A trach this form to the front of the mailpice, or on the back if space<br>permit.<br>Write ' <i>Revium Receipt</i> will show to whom the article was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                               | eipt Service.                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>2.57                                                                                                     | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>mber<br>7 007 7 24                                                                                                                                                                                                                 |
| ENDER:<br>1 Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>1 Print your name and address on the reverse of this form so that we<br>card to you.<br>1 Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>1 Write <i>'Asium Receipt Reguested'</i> on the mailpiece below the articl<br>1 Pre Return Receipt will show to whom the article was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hochts NM 882415221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                               | eipt Service.                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br><u>251</u><br>4b. Service Tj                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>mber<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7                                                                                                                                                              |
| ENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space<br>permit.<br>Write ' <i>Metum Receipt Requested</i> ' on the malipiece below the article<br>The Retum Receipt will show to whom the article was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Habbs NM 882415221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I also wish to receive the following services (for an extra fee):         a cas not         a does not         le number.         di be data         4a. Article Number         2. Service Type         I Registered         Express Mail         Insured                                                                  | eipt Service.                                                                | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number,<br>ad and the date<br>4a. Article Nu<br>257<br>4b. Service Ty<br>Registered<br>Express M                                                         | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. Addressee's Address<br>2. Restricted Delivery<br>mber<br>7 009 704<br>vpe                                                                                                                                                                                                             |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write ' <i>Neturn Haceipt Requested</i> ' on the mailpiece below the article<br>The Return Receipt will show to whom the article was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | for using Return Receipt Service.                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number,<br>ed and the date<br>4a. Article Nu<br>257<br>4b. Service Ty<br>Registered<br>Express M<br>Return Rece                                          | I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> mber <ul> <li>COP</li> <li>VPe</li> <li>VPe</li> <li>VPe</li> <li>VPe</li> <li>VPe</li> <li>Insured</li> <li>pot for Merchandise</li> <li>COD</li> </ul>                                                         |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the malipiece below the article<br>The Return Receipt mill show to whom the article was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | for using Return Receipt Service.                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>2.57<br>4b. Service Nu<br>Registered<br>Express M<br>Patter Rece<br>7. Date of Dei                       | I also wish to receive the following services (for an extra fee):         1.          Addressee's Address         2.          Restricted Delivery         mber         7       OO1         7       OO1         9       Certified         aii       Insured         olipt for Merchandise       COD         ivery       Code                                        |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>White 'Reium Receipt Requested' on the mailpiece below the article<br>The Return Receipt Will show to whom the article was delivered ard<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | for using Return Receipt Service.                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>257<br>4b. Service T<br>B. Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>3                 | I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> mber <ul> <li>COP</li> <li>VPe</li> <li>VPe</li> <li>VPe</li> <li>VPe</li> <li>VPe</li> <li>Insured</li> <li>pot for Merchandise</li> <li>COD</li> </ul>                                                         |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write <i>'Refur Receipt</i> will show to whom the anilpiece below the article<br>The Return Receipt will show to whom the article was delivered ard<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | for using Return Receipt Service.                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>257<br>4b. Service T<br>B. Registered<br>Express M<br>Return Rece<br>7. Date of Del<br>3                 | I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> mber       T         7       T         We Certified       aii         aii       Insured         ipt for Merchandise       COD         ivery       2         23       -0         s Address (Only if requested and |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Card to you.<br>Attach the main address on the reverse of this form so that we<br>attach the form to the front of the mailpiece, or on the back if space<br>The Return Receipt will show to whom the anticle was delivered ar<br>delivered.<br>Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221<br>S. Received By. (Print Name)<br>M. H. U. W. W. W. C. M. M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | using Return Receipt Service.<br><u>PRESS</u> completed on the reverse side? | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the<br>D The Return Receipt will show to whom the article was deliven<br>delivered.<br>3. Article Addressed to:<br>Mellon Mortgage Company<br>1775 sherman St., suite 2300<br>Denver, CO 80203<br>5. Received By: ( <i>Print Name</i> ) | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>257<br>4b. Service T)<br>Registered<br>Express M<br>4 Return Rece<br>7. Date of Del<br>3<br>8. Addressee | I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> mber       T         7       T         We Certified       aii         aii       Insured         ipt for Merchandise       COD         ivery       2         23       -0         s Address (Only if requested and |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Card to you.<br>Attach this form to the front of the mailpicee, or on the back if space<br>white ' <i>Pairum Receipt</i> will show to whom the anticle was delivered ar<br>delivered.<br>A article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221<br>5. Received By. ( <i>Print Name</i> )<br>1. A 1. An Addresse or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | Thank you for using Return Receipt Service.                                  | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so this<br>card to you.<br>Attach this form to the front of the mailpiace, or on the back if<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the<br>The Return Receipt will show to whom the article was deliven<br>delivered.                                                                                                                                                               | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>257<br>4b. Service T)<br>Registered<br>Express M<br>4 Return Rece<br>7. Date of Del<br>3<br>8. Addressee | I also wish to receive the following services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> mber       T         7       T         We Certified       aii         aii       Insured         ipt for Merchandise       COD         ivery       2         23       -0         s Address (Only if requested and |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Card to you.<br>Attach this form to the front of the mailpices, or on the back if space<br>write ' <i>Relium Receipt will show</i> to whom the article was delivered ar<br>delivered.<br>A tricle Addressed to:<br>M H Cunningham<br>P O Box 5221<br>Hobbs, NM 882415221<br>5. Received By. ( <i>Print Name</i> )<br>M H J. J. W.W.J.W.G.H.A.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the following services (for an extra fee):         a can return this         a does not         le number.         di the data         4a. Article Number         4b. Service Type         ☐ Registered         ☐ Registered         ☐ Repress Mail         ☐ Recipit for Merchandise         ☐ COD | for using Return Receipt Service.                                            | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so the<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the<br>D The Return Receipt will show to whom the article was deliven<br>delivered.<br>3. Article Addressed to:<br>Mellon Mortgage Company<br>1775 sherman St., suite 2300<br>Denver, CO 80203<br>5. Received By: ( <i>Print Name</i> ) | at we can return this<br>space does not<br>article number.<br>ad and the date<br>4a. Article Nu<br>257<br>4b. Service T)<br>Registered<br>Express M<br>4 Return Rece<br>7. Date of Del<br>3<br>8. Addressee | I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         mber         7 001 7 24         ype         ail □ Insured         ail □ Insured         output for Merchandise □ COD         ivery         >3 -0 0         s Address (Only if requested and                            |







÷.



MAIL

]4] [5]

11 9-6ì

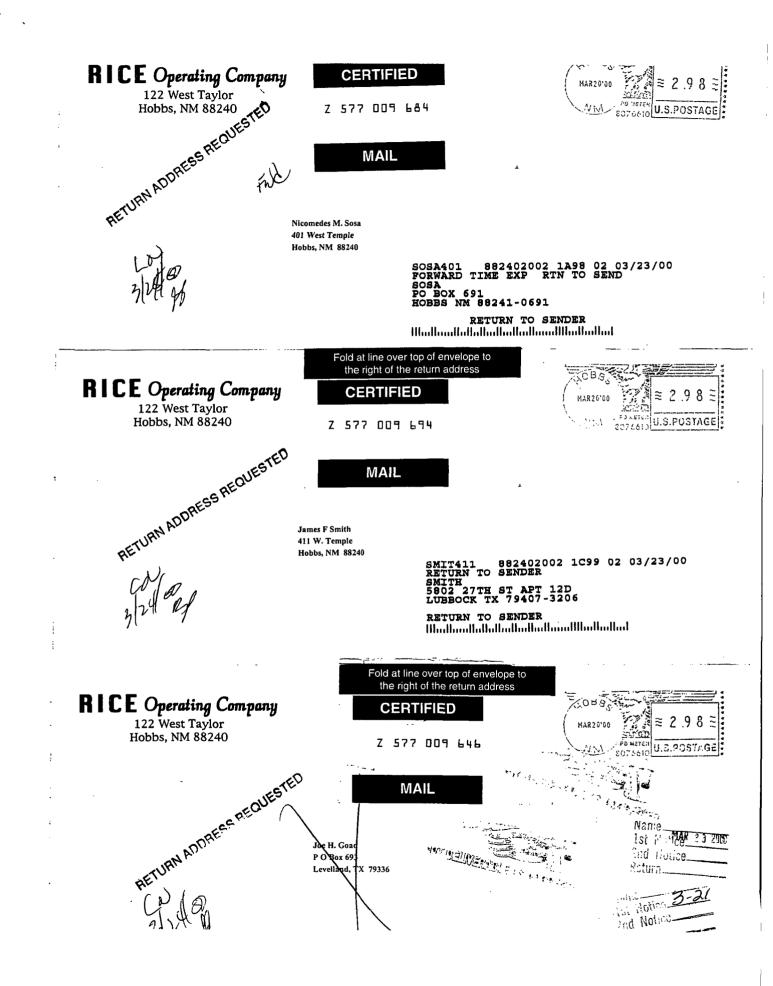
> ĺ ţ ÷.

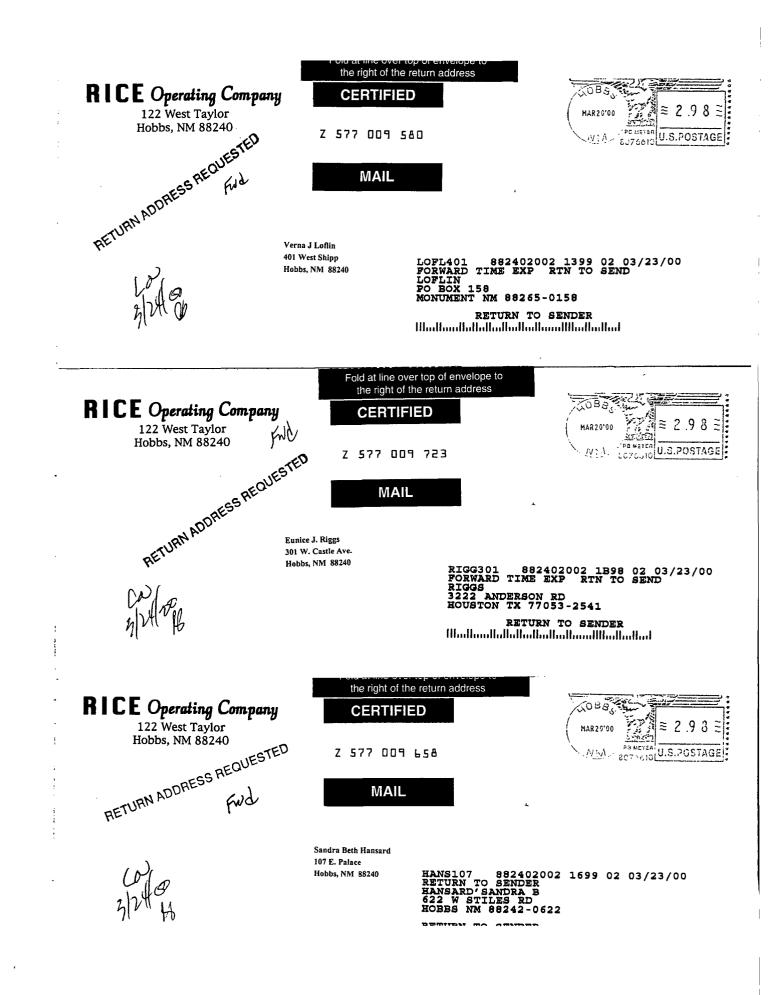
۲ į

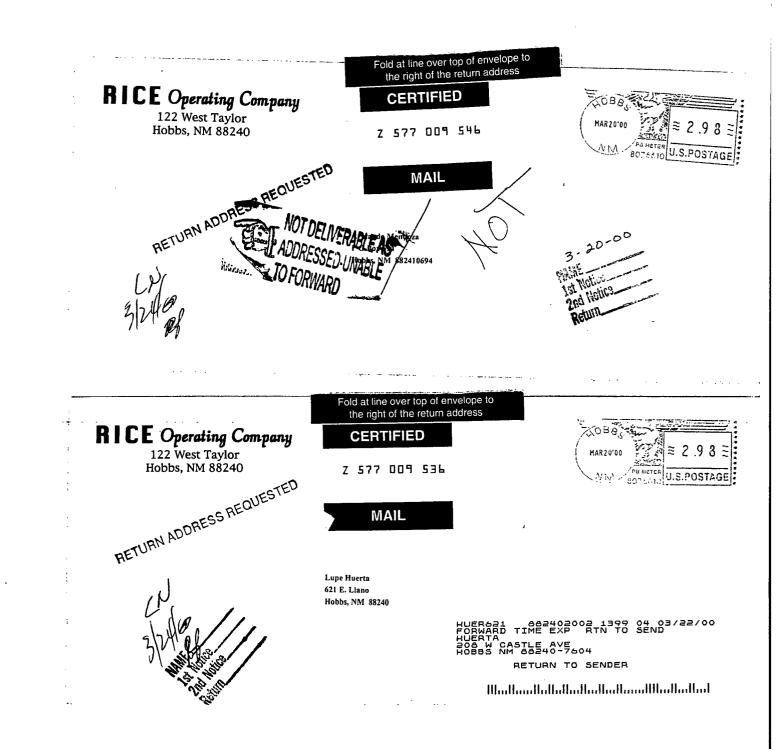
**RETURN TO SENDER** Jeanne Haffen

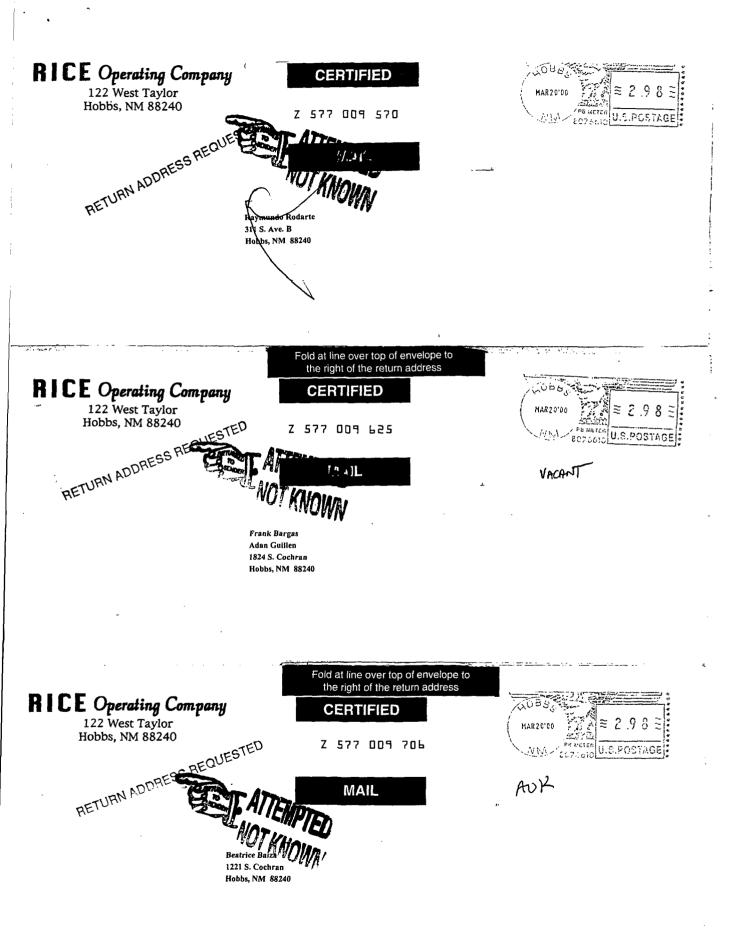
PLEASE REMOVE INDIVIDUALIS NO LONGER AN EMPLOYEE BARE FROM MAILING LIST

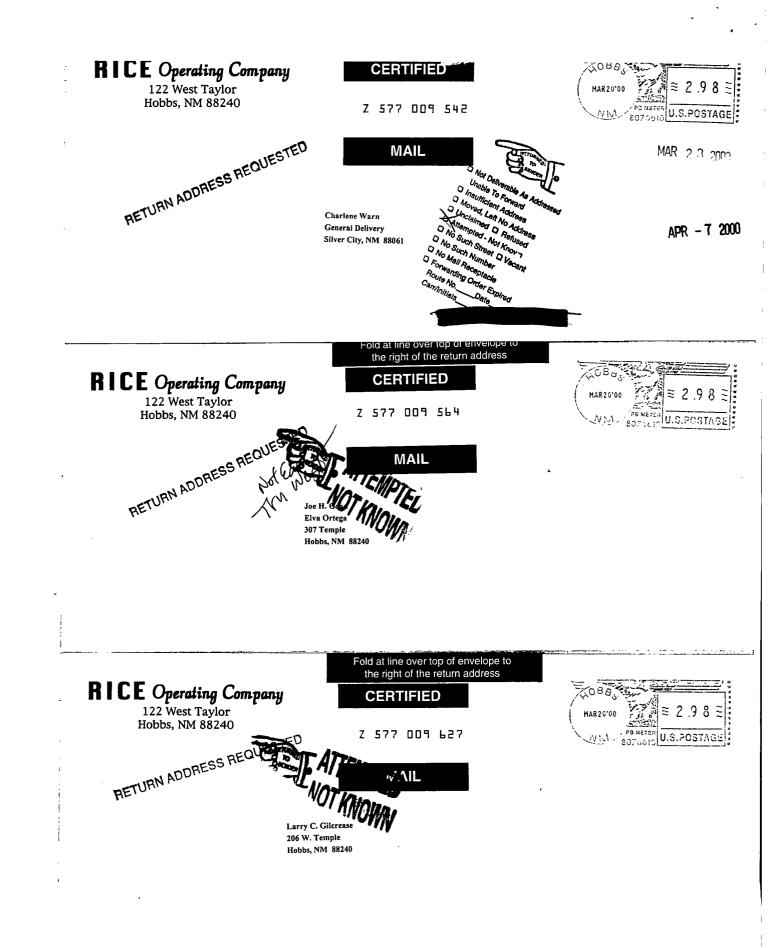
!

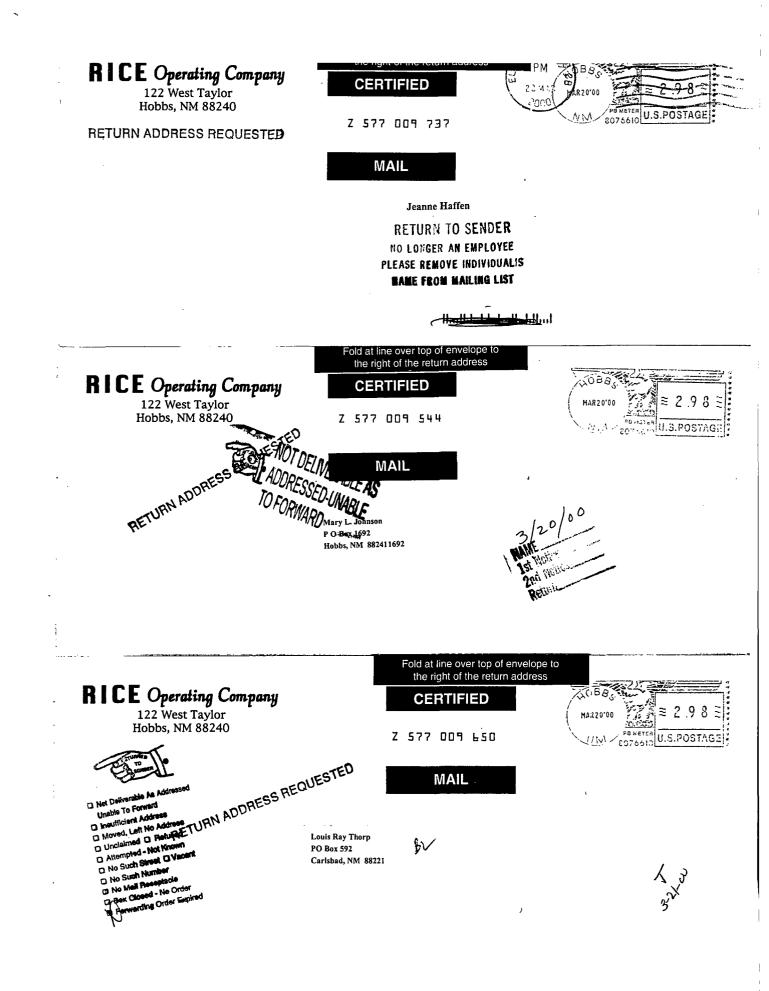




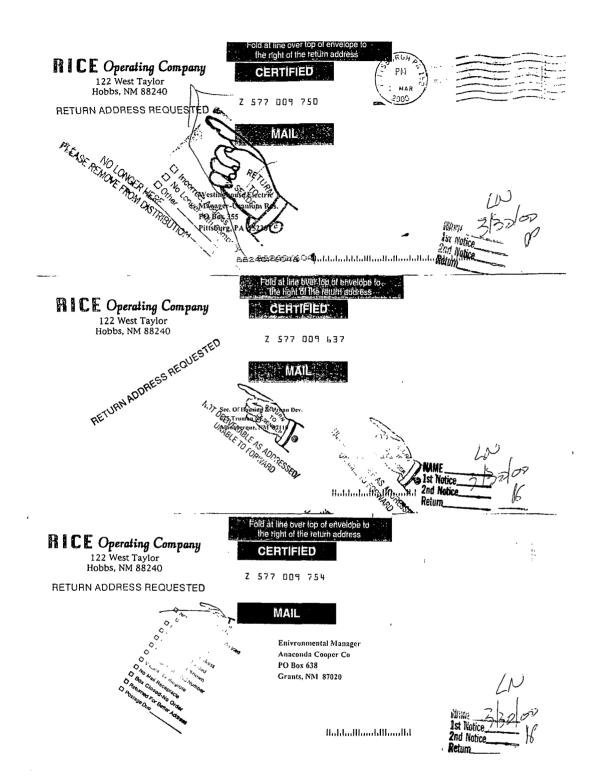


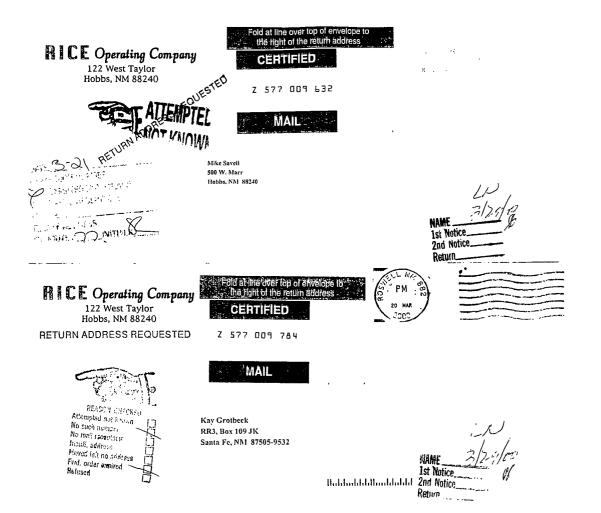














OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

March 10, 2000

## CERTIFIED MAIL RETURN RECEIPT NO. 5051 4638

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Stage 2 Abatement Plan (AP-8) Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) has reviewed Rice Operating Company's (ROC) January 05, 2000 "SUBMITTAL OF STAGE 2 ABATEMENT PLAN, Junction I-9 Release Site". This document contains ROC's Stage 2 Abatement Plan Proposal for remediation of soil and ground water contamination related to the above captioned site. The OCD has determined that the above referenced Stage 2 Abatement Plan Proposal is administratively complete. Before the OCD can complete a review of the Stage 2 proposal, the OCD requires that:

- 1. ROC issue by March 25, 2000 the attached public notice of the Stage 2 proposal in the Albuquerque Journal and the Hobbs News-Sun pursuant to OCD Rule 19.G.
- 2. Prior to issuing the public notice, ROC shall issue written notice of the Stage 2 proposal pursuant to OCD Rule 19.G.(1). Please refer to the previously supplied 3.5" disk for a listing of "those persons, as identified by the Director, who have requested notification" pursuant to OCD Rule 19.G.(1).(d) and the contact for the New Mexico Trustee for Natural Resources.

Please provide the OCD with proof of notice as soon as possible upon completing issuance of the written and public notice.

Carolyn Doran Haynes 03/10/00 Page 2

If you have any questions, please contact Wayne Price at (505) 827-7155.

Sincerely,

00

Roger C. Anderson Environmental Bureau Chief rca/wp xc: Chris Williams, OCD Hobbs District Supervisor Bill McNeill

## NOTICE OF PUBLICATION

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

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 2 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage II Abatement Plan Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately 0.6 miles southwest of Hobbs in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage II Abatement Plan Proposal presents the following site soil and groundwater remedial activities: soil excavation and biodegradation of any remaining hydrocarbons; soil sampling and analysis; backfill excavation with clean fill soil; seed surface with native vegetation; PSH recovery from groundwater and treatment to promote natural biodegradation of hydrocarbons in the groundwater; quarterly sampling of all monitor wells until results meet NMWQCC standards for eight consecutive quarters and approval of the NMOCD; prepare a report summarizing field activities and laboratory results; report monitor well results annually until closure.

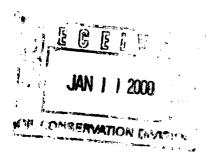
Any interested person may obtain further information from the Oil Conservation Division and may submit to the Director of the Oil Conservation Division, at the address given above, written comments or a written request for a public hearing that include reasons why a hearing should be held. The Stage 2 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage 2 Abatement Plan Proposal, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments or a written request for a hearing may be submitted.

**ŘICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

#### CERTIFIED MAIL RETURN RECEIPT NO. Z 577 009 527

January 10, 2000



Mr. Roger C. Anderson State of NM Energy and Minerals Dept. Oil Conservation Division 2040 South Pacheco St. Santa Fe, NM 87505

> Re: Stage II Abatement Plan Proposal Junction I-9 Release Site Hobbs Salt Water Disposal System NE/4 SE/4 Section 09-T19S-R38E Lea County, New Mexico

Dear Mr. Anderson:

Rice Operating Company (ROC) was pleased to receive NMOCD approval of the Stage I Abatement Report for the I-9 Release Site. ROC then consulted with Sharon Hall of ARCADIS Geraghty & Miller to discuss various remediation scenarios, to assist ROC in selecting and designing the site remediation plan and to prepare the Stage II Abatement Plan Proposal.

ROC and ARCADIS Geraghty & Miller concur that completion of the activities described in the enclosed Junction I-9 Release Site Stage II Abatement Plan Proposal will result in the attainment of the abatement standards and requirements set forth in Rule 19.B.

ROC will await the NMOCD's response to this Stage II Abatement Plan Proposal. Upon determination the Stage II Abatement Plan Proposal is administratively complete, ROC is prepared to issue written notice of this Stage II Proposal to the following persons:

Surface owners of record within 1 mile of the perimeter of the contamination boundary.

County Commission where contamination is located

Appropriate city officials if the contamination boundary is partially located within city limits or within 1 mile of the city limits.

ROC I-9 Release Site Stage II Abatement Plan Proposal January 10, 2000 Page 2

Those persons, as identified by the Director, who have requested notification.

The New Mexico Trustee for Natural Resources, and any other local, state, or federal governmental agency affected, as identified by the Director.

The appropriate Governor or President of any Indian Tribe if contamination boundary is partially located within tribal boundaries.

The public notice will include:

- a.) Statement that a copy of the abatement plan can be viewed by the public at the Division's main office or at the District office for the area in which the release occurred.
- b.) Statement that the following comments and requests will be accepted for consideration if received by the Director within 30 days after date of public notice publication.
  - (i) Written comments on the abatement plan
  - (ii) For Stage 2 abatement plan, written requests for a public hearing that include reasons why a hearing should be held.

A draft of the Notice Of Publication is enclosed for NMOCD's discretionary approval.

As always, the Hobbs and Santa Fe offices of the NMOCD will be notified at least 48 hours in advance of any significant event scheduled for this site.

If you have any questions, please contact me at 505-393-9174.

Sincerely,

Carolyn Dnan Hayme

Carolyn Doran Haynes Operations Engineer

Enclosures: Stage II Abatement Plan Draft notice of Publication

Cc: KH, F. McCallum (2: includes copy for Mr. Bill McNeill's legal representative), file, Mr. Chris Williams, OCD Hobbs Office



# NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

Jennifer A. Salisbury CABINET SECRETARY Oil Conservation Div. Environmental Bureau 2040 S. Pacheco Santa Fe, NM 87505

## Memorandum of Meeting or Conversation

TelephoneX\_\_\_\_Personal\_\_\_\_\_E-Mail\_\_\_\_\_

**Time: 4:15 pm Date:** January 13, 2000

Originating Party: Wayne Price-OCD

#### Other Parties: Bill McNeill-Landowner

Subject: Abatement Plan (AP-8) Requirement Rice Operating Company Hobbs Salt Water Disposal System- in Unit Letter I, Section 9-Ts 19s-R38e. Lea County, New Mexico

#### **Discussion:**

Mr. McNeill expressed his concern about produced water contaminants ,salts and chlorides in the ground-water. He also indicated he thought that since chlorides are "sinkers" that OCD should require Rice to check the bottom of the aquifer at this site. Mr. McNeill was also concerned about the time it takes for the abatement process to occur.

#### **Conclusions or Agreements:**

OCD will review the case file and determine if the site investigation performed by Rice properly addresses produced water constituents, salts and chlorides. As for the abatement process time, this is pursuant to NMOCD rules.

Signed:

CC: Roger Anderson, Bill Olson-OCD Bill McNeill-Landowner

OIL CONSERVATION DIVISION - DISTRICT I Hobbs - P.O. Box 1980 - Hobbs, NM 88241-1980 - (505) 393-6161 FAX (505) 393 - 0720

# **RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

### CERTIFIED MAIL RETURN RECEIPT NO. Z 577 009 527

January 10, 2000

JAN 1 1 2000 AND LONGERVATION INV

Mr. Roger C. Anderson State of NM Energy and Minerals Dept. Oil Conservation Division 2040 South Pacheco St. Santa Fe, NM 87505

> Re: Stage II Abatement Plan Proposal Junction I-9 Release Site Hobbs Salt Water Disposal System NE/4 SE/4 Section 09-T19S-R38E Lea County, New Mexico

Dear Mr. Anderson:

Rice Operating Company (ROC) was pleased to receive NMOCD approval of the Stage I Abatement Report for the I-9 Release Site. ROC then consulted with Sharon Hall of ARCADIS Geraghty & Miller to discuss various remediation scenarios, to assist ROC in selecting and designing the site remediation plan and to prepare the Stage II Abatement Plan Proposal.

ROC and ARCADIS Geraghty & Miller concur that completion of the activities described in the enclosed Junction I-9 Release Site Stage II Abatement Plan Proposal will result in the attainment of the abatement standards and requirements set forth in Rule 19.B.

ROC will await the NMOCD's response to this Stage II Abatement Plan Proposal. Upon determination the Stage II Abatement Plan Proposal is administratively complete, ROC is prepared to issue written notice of this Stage II Proposal to the following persons:

Surface owners of record within 1 mile of the perimeter of the contamination boundary.

County Commission where contamination is located

Appropriate city officials if the contamination boundary is partially located within city limits or within 1 mile of the city limits.

ROC I-9 Release Site Stage II Abatement Plan Proposal January 10, 2000 Page 2

Those persons, as identified by the Director, who have requested notification.

The New Mexico Trustee for Natural Resources, and any other local, state, or federal governmental agency affected, as identified by the Director.

The appropriate Governor or President of any Indian Tribe if contamination boundary is partially located within tribal boundaries.

The public notice will include:

- a.) Statement that a copy of the abatement plan can be viewed by the public at the Division's main office or at the District office for the area in which the release occurred.
- b.) Statement that the following comments and requests will be accepted for consideration if received by the Director within 30 days after date of public notice publication.
  - (i) Written comments on the abatement plan
  - (ii) For Stage 2 abatement plan, written requests for a public hearing that include reasons why a hearing should be held.

A draft of the Notice Of Publication is enclosed for NMOCD's discretionary approval.

As always, the Hobbs and Santa Fe offices of the NMOCD will be notified at least 48 hours in advance of any significant event scheduled for this site.

If you have any questions, please contact me at 505-393-9174.

Sincerely,

Carolyn Dnan Hayme

Carolyn Doran Haynes Operations Engineer

Enclosures:

Stage II Abatement Plan Draft notice of Publication

Cc: KH, F. McCallum (2: includes copy for Mr. Bill McNeill's legal representative), file, Mr. Chris Williams, OCD Hobbs Office



# Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

Rice Operating Company Hobbs, New Mexico



5 January 2000



RECEIVED Environmental Bureau Oil Conservation Division

#### Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

Rice Operating Company Hobbs, New Mexico

Prepared for: Rice Operating Company Hobbs, New Mexico

Prepared by: ARCADIS Geraghty & Miller Inc 1030 Andrews Hwy. Suite 120 Midland Texas 79701 Tel 915 699 1381 Fax 915 699 1978

Our Ref.: MT000624.0001

Date: 5 January 2000

This document is intended only for the use of the individual or entity for which it was prepared and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Any dissemination, distribution, or copying of this document is strictly prohibited.

Stage 2 Abatement Plan Proposal Junction 1-9 Release Site

> Rice Operating Company Hobbs, New Mexico

> > **January 5, 2000**

#### Prepared by ARCADIS GERAGHTY & MILLER, INC.

Sham E. Hael

Sharon Hall Project Manager

arl

Steven P. Tischer Sr. Project Manager

#### Table of Contents

i

| 1. | INTRODUCTION                               | 1 |
|----|--------------------------------------------|---|
| 2. | SUMMARY OF STAGE 1 ABATEMENT ACTIVITIES    | 1 |
| 3. | STAGE 2 ABATEMENT PLAN PROPOSAL            | 1 |
|    | 3.1 Soil Remediation                       | 2 |
|    | 3.2 Groundwater Remediation and Monitoring | 2 |
| 4. | HEALTH AND SAFETY                          | 3 |
| 5. | PUBLIC NOTIFICATION                        | 3 |
| 6. | REMEDIATION WORK SCHEDULE                  | 4 |
| 7. | REFERENCES                                 | 4 |

i

#### 1. INTRODUCTION

The subject site is a former pipeline connection point on the Rice Operating Company Hobbs Salt Water Disposal System. The pipeline transports produced water from oil and gas leases to a permitted well for disposal by subsurface injection. The site is located in southwest Hobbs, New Mexico approximately 0.6 miles south of the intersection of Grimes Street and Stanolind Road (NE ¼ of the NE ¼ of Section 4, T19S-R38E, Lea County) (Figure 1).

#### 2. SUMMARY OF STAGE 1 ABATEMENT ACTIVITIES

Stage 1 Abatement activities as approved by the New Mexico Oil Conservation Division (NMOCD) were conducted during the period of June 1998 through September 1999.

A pipeline leak was discovered and repaired at the subject site on June 5, 1998. Notification of an unauthorized release was submitted to the NMOCD District I Office located in Hobbs, New Mexico. A Stage I Abatement Plan was submitted to NMOCD on January 19, 1999. Interim abatement site activities including assessment of impacts to soil and groundwater and excavation of impacted soil were conducted from August 24, 1998 to September 2, 1999. Recovery of phase-separated hydrocarbons from groundwater has been conducted from January 18 to May 7, 1999. A total of four monitor wells, one recovery well and nine boreholes were installed at the subject site.

A detailed description of site activities and results can be found in the report submitted to NMOCD dated September 10, 1999 entitled *Junction I-9 Release Site, Stage 1 Abatement Report (Site Assessment Investigation).* 

NMOCD approved the Stage 1 site investigation report on November 15, 1999.

#### 3. STAGE 2 ABATEMENT PLAN PROPOSAL

After review of various remedial options, Rice Operating Company proposes the following Stage 2 Abatement Plan. The plan addresses soil and groundwater remediation.

Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

#### 3.1 Soil Remediation

The selected remedial option will be the excavation of soils and biodegradation of any remaining hydrocarbons. The anticipated extent of excavation is based on assessment activities (laboratory analysis, photoionization detector readings and visual observation) and is shown in Figure 1. Soil excavation will continue until no visible staining of soils and/or no PID readings are observed. Soils will be excavated to a depth of approximately 25-30 feet below ground surface. If groundwater is encountered, excavation activities will be discontinued at the depth where groundwater is encountered in order to maintain safe and practical excavation of soils. Excavated soils will be disposed at an NMOCD-approved facility.

A five-point composite sample will be collected from the center of the floor and from the middle of the north, south, east and west walls of the excavation. The samples will be analyzed for total petroleum hydrocarbons (TPH), and benzene, toluene, ethylbenzene and xylenes (BTEX) using USEPA Methods 418.1 and 8260, respectively. When concentrations are at or below the NMOCD standards of 10 milligrams per kilogram (mg/kg), 50 mg/kg and 100 mg/kg for benzene, BTEX, and TPH, respectively, the excavation will be backfilled. The excavation will be backfilled with clean fill soil to a depth two feet below ground surface, and two feet of native topsoil will be placed above the caliche. Following placement of the native topsoil, the area will be seeded with native vegetation.

If TPH and BTEX concentrations at the bottom of the excavation are in excess of NMOCD standards because excavation was discontinued due to the presence of groundwater, remaining soils will be treated with naturally occurring hydrocarbon degrading microorganisms and nutrients to promote biodegradation.

Recovery well, RW1, will be replaced if the excavation activities result in removal of the well.

#### 3.2 Groundwater Remediation and Monitoring

Free product will be removed weekly from recovery well RW1. Either the well will be bailed or pumped to remove product, or a downhole passive hydrocarbon skimmer will be installed. Product level, groundwater level, product thickness, and recovered fluid volumes will be recorded weekly and submitted to the NMOCD annually on June 15

#### Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

(in table form). Recovered fluids will be placed in Rice Operating Company's saltwater disposal system pipeline.

Socks containing oxygen release compounds will be placed in monitor wells MW-1 and MW-2 to promote natural biodegradation of hydrocarbons in the groundwater.

All monitor wells will be sampled quarterly for four quarters. Groundwater samples will be analyzed for BTEX using USEPA method 8260-B for each of four quarters. Based on sample results for one year (four quarters), sampling frequency will be reviewed and may be revised.

Sampling will be discontinued when eight quarters of sample results indicate BTEX concentrations are below New Mexico Water Quality Control Commission, Title 20, Chapter 6, Part 2 standards. Sample results will be submitted to the NMOCD annually on June 15. Recovered fluids will be placed in Rice Operating Company's salt water disposal system pipeline.

#### 4. HEALTH AND SAFETY

All site activities will be performed in accordance with Occupational Safety and Health Administration (OSHA) standards. All on-site personnel will be required to wear a hard hat, safety glasses and steel-toe shoes during work activities. A daily tailgate safety meeting will be performed and a safety meeting record will be signed by all attendees and kept on file. Emergency phone numbers are as follows:

| Carolyn Haynes     | Rice Operating Company | 505 393-9174 |
|--------------------|------------------------|--------------|
| Police, Fire, Ambu | llance                 | 911          |
| Columbia Lea Reg   | gional Medical Center  | 505 392-9212 |

#### 5. PUBLIC NOTIFICATION

Written notification of submittal of the Stage 2 Abatement Plan Proposal and site activities will be sent to all surface owners of record within a one-mile radius of the site. NMOCD will be supplied with a list of parties to be notified. Publication of notice of activities will be published in a state-wide circulated newspaper, the Albuquerque Journal, and two county newspapers, the Hobbs-Daily News Sun and the Lovington Leader.

#### Stage 2 Abatement Plan Proposal, Junction I-9 Release Site

#### 6. **REMEDIATION WORK SCHEDULE**

Soil remediation activities are expected to be completed in 15 working days (Monday through Friday). Groundwater remediation activities will be ongoing. An estimated completion date for groundwater remediation is not available.

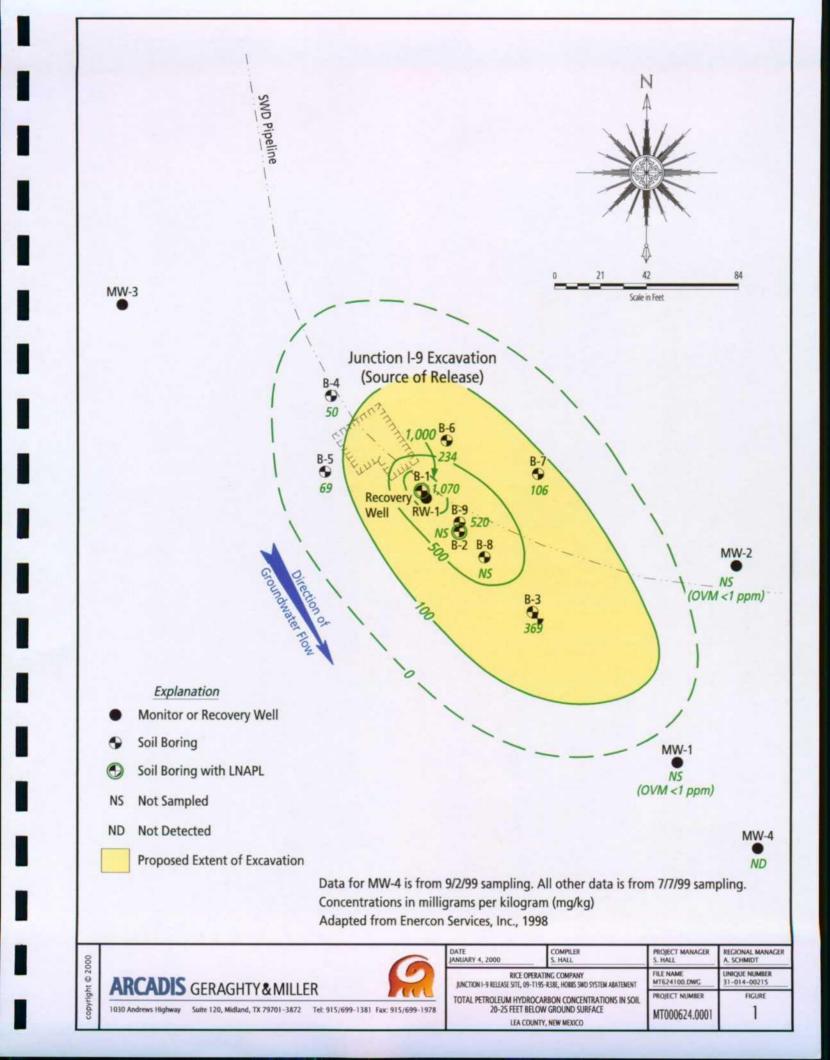
#### 7. **REFERENCES**

Groundwater Handbook; United States Environmental Protection Agency, Office of Research and Development, Center for Environmental Research Information; 1992

Junction I-9 Release Site, Stage 1 Abatement Report (Site Assessment Investigation); ARCADIS Geraghty and Miller; September 10, 1999

New Mexico Water Quality Control Commission, Title 20 Chapter 6, Part 2, Subpart I

Stage 2 Abatement Plan Proposal, Junction 1-9 Release Site



**RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

#### CERTIFIED MAIL RETURN RECEIPT NO. Z 577 009 521

September 13, 1999

Mr. Roger C. Anderson State of NM Energy and Minerals Dept. Oil Conservation Division 2040 South Pacheco St. Santa Fe, NM 87505

> Re: Stage I Abatement Plan Report: Junction I-9 Release Site Hobbs Salt Water Disposal System NE/4 SE/4 Section 09-T19S-R38E Lea County, New Mexico

#### Dear Mr. Anderson:

Upon receipt of NMOCD approval for the Stage I Abatement Plan for the I-9 Release Site, Rice Operating Company (ROC) bid and then contracted with ARCADIS Geraghty & Miller to perform a sampling event and compose the Stage I Abatement Plan Report.

The sampling event of July 7, 1999 did confirm the presence of BTEX in levels higher than the NM WQCC limits in the two down-gradient monitor wells. Because of this result and because the NMOCD subsequently requested (August 10, 1999), ROC contracted through Arcadis Geraghty & Miller to drill an additional down-gradient monitor well in order to more exactly define groundwater impact. The results of the new boring (MW4) and its groundwater analytical results are included in the enclosed Stage I Abatement Report.

The enclosed ARCADIS Geraghty & Miller report compiles information acquired since the discovery of groundwater impact at the I-9 Release Site and incorporates the NMOCD requests described in the May 24, 1999 letter and the August 10, 1999 letter.

ROC I-9 Release Site Stage I Abatement Plan Report September 13, 1999 Page 2

ROC and Arcadis Geraghty & Miller concur that the area of groundwater impact has been adequately delineated with the drilling, completion, and sampling of MW4. The results of water samples from MW4 indicate that BTEX concentrations are non-detectable at this location.

ROC and ARCADIS Geraghty & Miller concur that the vadose zone impact has been adequately delineated with the previous borings. Further evaluation will be conducted and documented as excavation occurs during the Stage II Abatement Work Plan.

ROC will await the NMOCD's response to this Stage I Abatement Report before any further activities will be scheduled for this site. Upon approval of the Stage I Abatement Report, ROC will prepare and submit a Stage II Abatement Work Plan, describing the remedial activities planned for this site.

As always, the Hobbs and Santa Fe offices of the NMOCD will be notified at least 48 hours in advance of any significant event scheduled for this site.

If you have any questions, please contact me at 505-393-9174.

Sincerely,

Carolyn Doren Haynes

Carolyn Doran Haynes Operations Engineer

Enclosures Cc: KH, LBG, F. McCallum, file, Mr. Chris Williams, OCD Hobbs Office AUG-17-99 TUE 03:51 PM

Fax No.

P. 01

# ARCADIS GERAGHTY&MILLER



ARCADIS Geraghty & Miller, Inc.

TELEFAX

To: Bill Olson Chris Williams <sup>Copies:</sup> Carolyn Haynes

ENVIRONMENTAL

Fax: FaxNo (505) 827-8177, (505) 393-0720, 505 397-1471 Date: 17 August 1999

From: Sharon Hall Total pages: 1 Our ref.:

591002

Extension: 915 699-1381

Subject: Drilling of Monitor Well- Rice Operating Junction I-9 Site

If you do not receive all pages, please call to let us know as soon as possible.

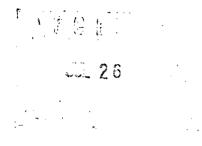
ARCADIS Geraghty and Miller will be onsite at the Rice Operating Company Junction I-9 site on August 31, 1999 to install and sample a monitor well. We expect to meet the drillers at the site at 8:30 am MST. If you have any questions or need additional information, please call Carolyn Haynes (Rice Operating Company) at 505 393-9174 or Sharon Hall (ARCADIS Geraghty and Miller) at 915 699-1381.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephane and return the original message to us at the above address via the U.S. postal service.

**RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

### CERTIFIED MAIL RETURN RECEIPT NO. Z 577 009 519



July 21, 1999

Mr. Roger C. Anderson State of NM Energy and Minerals Dept. Oil Conservation Division 2040 South Pacheco St. Santa Fe, NM 87505

> Re: Stage I Abatement Plan Report: Junction I-9 Release Site Hobbs Salt Water Disposal System NE/4 SE/4 Section 09-T19S-R38E Lea County, New Mexico

Dear Mr. Anderson:

Upon receipt of NMOCD approval for the Stage I Abatement Plan for the I-9 Release Site, Rice Operating Company (ROC) bid and then contracted with ARCADIS Geraghty & Miller to perform a sampling event and compose the Stage I Abatement Plan Report.

The enclosed ARCADIS Geraghty & Miller report compiles information acquired since the discovery of groundwater impact at the I-9 Release Site and incorporates the NMOCD requests described in the May 24, 1999 letter.

The sampling event of July 7, 1999 did confirm the presence of BTEX in levels higher than the NM WQCC limits in the two down-gradient monitor wells. Because of this result and if NMOCD so requires, ROC is agreeable to drill an additional down-gradient monitor well in order to more exactly define groundwater impact. The results of the new boring and the groundwater analytical results would be immediately forwarded to the NMOCD for inclusion in the Stage I Abatement Plan Report. (The well will be drilled and completed as per NMOCD guidelines.)

ROC I-9 Release Site Stage I Abatement Plan Report July 21, 1999 Page 2

ROC and ARCADIS Geraghty & Miller concur that the vadose zone impact has been adequately delineated with the previous borings. Further evaluation will be conducted and documented as excavation occurs during the Stage II Abatement Work Plan.

As always, the Hobbs and Santa Fe offices of the NMOCD will be notified at least 48 hours in advance of any significant event scheduled for this site.

If you have any questions, please contact me at 505-393-9174.

Sincerely,

Carolyn Doran Haynes

Carolyn Doran Haynes Operations Engineer

Enclosures Cc: KH, LBG, F. McCallum, file, Mr. Chris Williams, OCD Hobbs Office

# **RICE** Operating Company

122 West Taylor • Hobbs, NM 88240 Phone: (505) 393-9174 • Fax: (505) 397-1471

April 23, 1999

Mr. Wayne Price NM Energy, Minerals, and natural Resources Department Oil Conservation Division, Environmental Bureau 2040 S. Pacheco Santa Fe, NM 87505

APR 2 COL Environineine Oil Conservation Division

RE: Stage I Abatement Plan Junction I-9 Release Site Unit Letter I, Section 9 of T19S, R38E Hobbs Salt Water Disposal System Lea County, New Mexico

Mr. Price:

Attached please find the proof of notification for Rice Operating Company's Stage I Abatement Plan for the junction I-9 Release Site. Included in this package are the affidavits of publication from the three newspapers that were required: Albuquerque Journal, Hobbs News Sun, Lovington Daily Leader; copies of the certified mail return cards from the notification mailed to owners of record within one mile radius of the site; and copies of the certified mail return cards from the notification mailed to "those persons as identified by the Director, who have requested notification."

The public notice was published in these three newspapers on April 9, 1999. It is understood that there is a 30-day waiting period for public comment, and that after the 30 days, the Stage I Abatement Plan will be reviewed for approval or approval with conditions. Rice Operating Company will expect to hear from you the week of May 10, 1999.

Sincerely,

Carolyn Knan Hayne

Carolyn Doran Haynes Operations Engineer

Attachment Cc: KH, JC, LG, file, Mr. Chris Williams, OCD Hobbs District Office

# Affidavit of Publication

) ) ss.

)

STATE OF NEW MEXICO

COUNTY OF LEA

Joyce Clemens being first duly sworn on oath deposes and says that he is Adv. Director of THE LOVINGTON DAILY LEADER, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Notice Of Publication

XHXHXX

| Xana mamb | eredX. |  |
|-----------|--------|--|
|           |        |  |

And that the cost of publishing said notice is the

sum of \$ 51.83 which sum has been (Paid KANNER) as Court Costs Unl Subscribed and sworn to before me this \_\_\_\_\_ April <u>1999</u> day of Ime Notary Public, Lea County, New Mexico My Commission Expires June 22 , 33 2002

has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 Abatement Plan Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately .6 miles southwest of Hobbs, NM in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Rice Operating Company operates a salt water disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage Abatement Plan Proposal presents the following subsurface investigation activities: determine site geology and hydrogeology; conduct a registered water well search within a 1 mile radius of the site; install a minimum of 3 monitoring wells; if necessary, install additional wells; collect soil samples for field screening and/or laboratory analysis from each boring; collect ground

water samples for labora tory analysis from each, monitoring well; obtain depth to ground water measurements and calculate the ground water gradient and direction; survey all well locations by a professional land surveyor registered in the State of New Mexico; and prepare a report summarizing field activities and laboratory results.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage 1 Abatement Plan Proposal, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted. Published in the Lovington Daily Leader April 9, 1999.

LEGAL NOTICE NOTICE OF PUBLICATION STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPART-MENT OIL CONSERVATION DIVISION Notice, is hereby given that pursuant to New Mexico OI Conservation Division Regulations, the following stage 1

Abatement Plan Proposal

#### AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

I,

#### Publisher

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of \_\_\_\_\_1

weeks.

Beginning with the issue dated

April 9 1999 and ending with the issue dated

April 9 \_\_\_\_\_ 1999

earder

Publisher Sworn and subscribed to before

8th \_\_\_\_\_day of me this.

April \_\_\_\_\_ 1999

Kenson\_

Notary Public.

My Commission expires October 18, 2000 (Seal)

#### LEGAL NOTICE April 9, 1999

#### NOTICE OF PUBLICATION

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

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505)827-7131:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505)393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 Abatement Plan Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately .6 miles southwest of Hobbs, NM in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Rice Operating Company operates a salt water disposal pipeline at the site. Phase-se-parated hydrocarbon (PSH) has been observed on the ground water. The Stage 1 Abatement Plan Proposal presents the following subsurface investigation activities: determine site geology and hydrogeology; conduct a registered water well search within a 1 mile radius of the site; in stall a minimum of 3 monitoring wells; if necessary, install additional wells; collect soil samples for field screening and/or laboratory analysis from each boring; collect ground water samples for laboratory analysis from each monitoring well; obtain depth to ground water measurements and calculate the ground water gradient and direction; survey all well locations by a professional land surveyor registered in the State of New Mexico; and prepare a report summarizing, field activities and laboratory results.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to, the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505)393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage 1 Abatement Plan Proposal, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted. #16540

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made. 01104367000 01531289

RICE Operating Company 122 West Taylor Hobbs, NM 88240

**County of Bernalillo** STATE OF NEW MEXICO

SS

attached, was published in said paper in the regular daily edition, for been made of assessed as court cost; that the notice, copy of which is hereto Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has duly qualified to publish legal notices or advertisements within the meaning of Advertising Manager of The Albuquerque Journal, and that this newspaper is Bill Tafoya, being duly sworn, declares and says that he is Classified times, the first publication being on the —, 1999, and the subsequent consecutive publications on 5 C day of \_, 1999.

this and for the County of Bernadillo and State of New Mexico Sworn and subscribed to before me, a Notary Public, in \_day` F 

PRICE لر) ال 

7

5

C. int Ouncan

11302A

Statement to come at end of month

ACCOUNT NUMBER \_ 6882

CLA-22-A (R-1/93)

ground water gradient and direc-tion; survey all well locations by a

my coso -

sil; obtain depth to ground water sasurements and calculate the

and prepare a report summarizing field activities and laboratory, reprofessional land surveyor regis-

Any interested persons may obtain further information from the Oil Con-servation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan Proposal may be viewed at the above address origit the Uil Conservation Division Hobbs Dis-Oil Conservation Division Hobbs District Office, 1925 N. French Drive, Hobbs, New Maxico 88240, Trele-phone (505) 333-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any pro-posed Stage 1 Abatiement Plan Pro-posal, the Director of the Oli Conser-vation Division stall allow at least thir-y (30) days after the date of publica-tion of this notice during which written

Journal: April 9,

, 1999

submitted.

NOTICE OF PUBLICATION

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

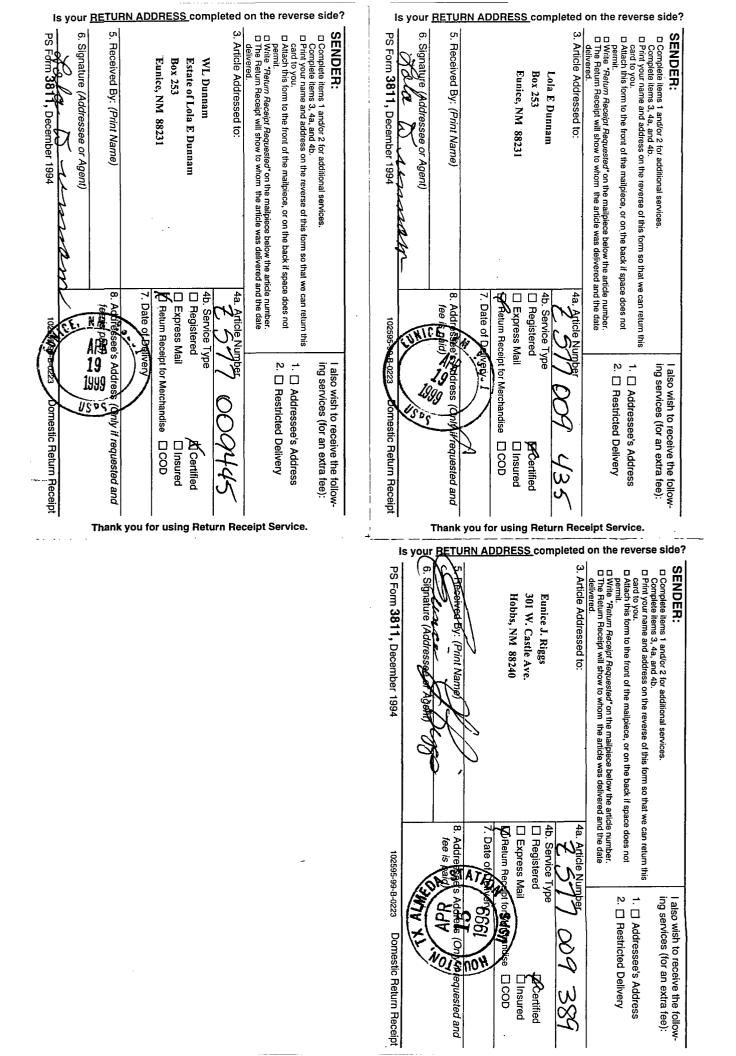
to New Mexico Oi votice is hereby given that pursuar

on Regulations, the following Stage Abatement Plan Proposal has been onservation bmitted to the Director of the Oil preservation Division, 2040 South checo, Santa Fe, ervation Div

Division, 2040

87505, Telephone (505) 827-7131: Doran Haynes, Operations Engi-neer, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mex-Water Disposal System, located apco 88240, Rice Operating Company, Carolyn Section 09. Hobbs, NM in the NE 14, SE14 of Pipeline Junction 1-9, Hobbs Sali Abatement Plan Proposal for .6 miles southwest vship 19 itted a Stage Couth ä

company operates a salt water dis posal pipeline at the site. Phase ty, New Mexico. Rice Operating Range 38 East, NMPM, Lea Counanalysis from each boring; collect ground water samples for laboratodeology; condu bsurface investigation activities: termine site geology and hydro-BUB arated hydrocarbon (PSH) ha site; install a minimum of 3 mon-The State 1 Abatement Plau abserved on the ground BICH all presents the following sis from each monitoring ills; collect soil samp ening and/or laboratory if necessary, install advithin a 1 mile radius of lct a registered v



| Is your <u>RETURN ADDRES</u>                                                                                                                                                                                                                | S completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IS your REIUKN AUUNESS completed on the contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P. O. Box 369<br>Hobbs, NM 88241<br>5. Received the first frame<br>S. Signature (Addressee & Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                  | SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write "Return Receipt Requested" on the mailpiece below the article number.         □ The Return Receipt Requested" on the article was delivered and the date delivered.         3. Article Addressed to:         4b. Service         Ken Marsh                                                                                                                                                        | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the mailpiece, or on the back if space does not permit.         Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the article number.         The Return Receipt will show to whom 'the article was delivered and the date delivered.         Atticle Addressed to:         Thomas Kellahin         P. O. Box 2265         Santa Fe, NM 87501         F. Date of D         S. Received Br (Print Name)         B. Addresse of Agent         B. Signative (Addresse of Agent)         Ps Form 3811, December 1994                                                                                 |
| D Express Mail<br>D Express Mail<br>D Receipt for Merchandise COD<br>7. Date of Dolivery<br>2. Date of Dolivery<br>2. Dolivery<br>8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-98-B-0223 Domestic Return Receipt | I also wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         Ie Number         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         0000 | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>umber<br>Umber<br>DOOG 273<br>Insured<br>ceipt for Merchandise COD<br>elivery<br>UTA FC<br>elivery<br>Domestic Return Receipt<br>seB-ozza Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                             | ng Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                             | <ul> <li>SENDER:</li> <li>Complete litems 1 and/or 2 for additional services.</li> <li>Complete litems 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the malipiece, or on the back if space permit.</li> <li>Write '<i>Return Receipt Requested</i>' on the malipiece below the article delivered.</li> <li>Article Addressed to:</li> <li>Article Addressed to:</li> <li>ENVIRONMENTAL MANAGER ANACONDA COPPER COMPANY</li> </ul>                                                                                                                                                                                                     | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.       Attach this form to the front of the malipiece, or on the back if space does not permit.         Write "Return Receipt Requested" on the malipiece below the article number.       The fatum Receipt Requested on the anticle was delivered and the date delivered.         3. Article Addressed to:       Manuel G. Nevarez.       4b. Service 1         407 W. Temple Dr       Hobbs, NM 88240       Hobbs, NM 88240         Folgystuffe (Addresspe or Agrent)       7. Date of Dr         Beilign and for the spee or Agrent)       8. Addressed for Dr         Image: Second By: (Print Name)       102535-9 |
| all for Mercylandise                                                                                                                                                                                                                        | I also wish to receive the following services (for an extra fee):       a does not       e number.       e number.       d the date       Consult postmaster for fee.       4a. Article Number       2 S 7 4       3 Service Type       4b. Service Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a can return this       I also wish to receive the follow-<br>ing services (for an extra fee):         a can return this       1. <ul> <li>Addressee's Address</li> <li>a can return this</li> <li>I addressee's Address</li> <li>Addressee's Address</li> <li>I addressee's Address</li> </ul> 4a. Article Number         I addressee's Address           4b. Service Type         I centified           I Registered         I contained           I Registered         I contained           I Express Mail         I insured           I Addressee's Address (Only if requested and fee is paid)                                                                            |

| is your <u>HETUR</u>                                                                                                       | N ADDRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is your <u>RETURN ADDRESS</u> completed on the reverse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | side?                                                                  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 5. Received By: (Print Narde)<br>6. Signature (Addressee & Agent)<br>7. Aven Vowell<br>PS Form <b>3811</b> , December 1994 | 3. Article Addressed to:<br>M H Cunningham<br>P O Box 5221<br>F Hobbs, NM 882415221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Virite ' <i>Heturn Receipt Requested</i> ' on the mailpiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered.          | 3, 4a, and 4b.<br>and address on the reverse of this form so that we<br>to the front of the mailpiece, or on the back if space<br>aceipt <i>Requested</i> on the mailpiece below the article<br>eipt will show to whom the article was delivered an<br>Seed to:<br>d Burrola<br>Cochran<br>NM 88240<br>NM 88240<br>(Print Name)<br>diressee or Agent)<br>Controla<br>(Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Complete items 1 and/or 2 for additional services.                     |
| 8. Addressee's Address (Only if requested and than the is paid)<br>102595-99-B-0223 Domestic Return Receipt                | 4a. Article Number<br>4b. Service Type<br>4b. Service Type<br>4b. Service Type<br>4b. Service Type<br>4c. Article Number<br>4c. Article Nu | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee): |
| Is your RETU                                                                                                               | RN ADDRESS complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Is your <u>RETURN ADDRESS</u> completed on the reverse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | side?                                                                  |
| 5. Received By: (Partit                                                                                                    | Dir<br>Dir<br>28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SENDER:<br>D Complete items :<br>Complete items :<br>D Frint your anne a<br>card to you.<br>Attach this form t<br>permit.<br>D Mrite 'Return Rece<br>delivered.                                                                                                                                                                                                                                                                                                                                    | Complete items 3, 4a, and 4i<br>Print your name and address<br>card to you.<br>Attach this form to the front o<br>permit.<br>Write ' <i>Fetum Receipt Reque</i><br>The Return Receipt Will show<br>delivered.<br>Mark Dean<br>Steve Cox<br>905 Debaca<br>Hobbs, NM 88240<br>5. Received By: Frintt Nam<br>6. Signature (Addressee of<br>PS Form 3811, Decembe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete ite                                                           |
| ecember 1964                                                                                                               | Director<br>Division of Water Quality<br>288 North 1460 West<br>Salt Lake City, UT 84114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SENDER:<br>D Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>D Frint your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Attach this form to the front of the mailplece, or on the back if space does not<br>permit.<br>D Write " <i>Return Receipt Requested</i> " on the mailplece below the article number.<br>D The Return Receipt will show to whom the article was delivered and the date<br>delivered. | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>add to you.<br>Pattach this form to the front of the mailpiece, or on the back if space does not<br>write <i>The The Receipt Requested</i> on the mailpiece below the article number.<br>The Return Receipt Will show to whom the article was delivered and the date<br>delivered.<br>Article Cox<br>905 Debaca<br>Hobbs, NM 88240<br>Article N<br>Received By (Frint Name)<br>S Form 3811, December 1994<br>Pattach I and Addressee or Agent)<br>Print Value (Addressee or Agent)<br>Print Name (1994)<br>Print Name (1994) | ims 1 and/or 2 for additional services                                 |

| Drawt, wis volume reaction of one maipheed by on the maipheed by on the maipheed below the article mumber.         Drife Receipt Receipt Requested on the maipheed below the article was delivered and the date delivered.         3. Article Addressed to:         Dr. Harry Bishara         P. O. Box 748         Cuba, NM 87013         S. Received By: (Printiverne)         6. Signature (Addressee of Agent)         PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the malipiece, or on the back if space does not permit.         Write 'Flatum Receipt Requested' on the malipiece below the article number.         The Return Receipt will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Glenn Nance         114 W Castle         Hobbs, NM 88240         5. Received By: (Print Name)         6. Signature (Addressee or Agent)         Work and Chressee or Agent)         Work and Chressee or Agent)         Work and address on the reverse of this form so that we can return this card to you.         Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.         Print your name and address on the reverse of this form so that we can return this card to you.         Print your name and address on the reverse of this form so that we can return this card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| and the date       2. □ Restricted Delivery         Ind the date       2. □ Restricted Delivery         4a. Article Number       0.9.4         4b. Service Type       0.9.4         □ Registered       0.2.1         □ Receipt for Merchandise       0.200         7. Date of Delivery       0.3.1         4. Addressee's Address (Only I' requested and fee is paid)       102595-99-B-0223         Thank you for using Return Receipt       Thank you for using Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address<br>2.  Restricted Delivery<br>Type<br>Address (Only if redidsted and<br>b)<br>Be-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.  Addressee's Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Is your <u>RETURN ADDRESS</u> completed on the r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | reverse side? Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Permit.       Permit.         In Write 'Return Receipt Requested' on the maliplece below the article was delivered and the date delivered.         3. Article Addressed to:       4a. Article delivered and the date delivered.         3. Article Addressed to:       4b. Servi         John Draper       4b. Servi         Montgomery & Andrews       Image: Comparison of the test of tes | SENDER:         □ Complete items 1, and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Article Address on the reverse of this form so that we can return this card to you.         □ Write "Feturn Receipt Requested" on the malipiece, or on the back if space does not merent.         □ Write "Feturn Receipt Requested" on the malipiece, or on the back if space does not merent.         □ Write "Feturn Receipt Will show to whom the article below the article number.         □ The feature Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:       4a. Article N         S & D Enterprises 111 South Dal Paso Hobbs, NM 88240       4b. Service II. Registere II. Registere II. Registere II. Registere II. Registere II. Reduce Section Not the Matter Section Secti |

| PS Form <b>3811</b> , December 1994 102595-99-B-0223 | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>6. Signature (Addressee or Agent)<br>USPS | Office of the Secretary<br>EMNRD<br>Sana E , MN & JSSS<br>Altrope gr 1999                                  | SENDER:         □ Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this torm to the front of the mailpiece, or on the back if space does not permit.         □ Write 'Return Receipt Requested' on the mailpiece below the article number.         □ The Return Receipt Medusted' on the article was delivered and the date delivered.         3. Article Addressed to: | ( PS Form 3811, December 1994 102595-99-B-0223 | 6. Somatures (Addressee or Agent) | 5. Received By: ( <i>Print Name</i> )<br>5. Received By: ( <i>Print Name</i> )<br>6. Addressee's Ad | R1 Box 208          | Lula Elizabeth Ward |         | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach thou.<br>Attach thou.<br>The fractum Receipt Requested" on the mailpiece, or on the back if space does not<br>permit.<br>The Return Receipt Requested" on the mailpiece below the article number.<br>The The Return Receipt Will show to whom the article was delivered and the date<br>delivered. |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|---------------------|---------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B-0223 Domestic Return Receipt                       | (Only if requested and                                                                                         | ACertified<br>Melchandise □ COD                                                                            | I also wish to receive the follow-<br>ing services (for an extra tee):<br>1.<br>Addressee's Address<br>2.<br>Restricted Delivery<br>Amber<br>Areceipt Service.                                                                                                                                                                                                                                                                                                                                                                             | B-0223 Domestic Return Receipt                 |                                   | - GG<br>dress (Only if requested and                                                                | for Merchandise COD | → A Centified       | 1009502 | <ul> <li>I also wish to receive the following services (for an extra fee):</li> <li>1.  Addressee's Address</li> <li>2.  Restricted Delivery</li> <li>Service</li> </ul>                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      |                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | ·                                 |                                                                                                     |                     |                     |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                      | your <u>RETU</u><br>တျက                                                                                        | RN ADDRESS comp                                                                                            | pleted on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | s your <u>F</u>                   | return AC                                                                                           | DRE                 | <u>SS</u> cor       | 63      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PS Form 3811, December 1994                          |                                                                                                                | Westinghouse Electric Corp.<br>Manager - Uranium Resources Div.<br>P. O. Box 355<br>Prittsburg, P.A. 15230 | pleted on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PS Form <b>3811</b> , December 1994            | s Signature (Addlessee or Agent)  | 5. Beceived By: (Print Name)                                                                        |                     |                     | 63      | SENDEF<br>Complete<br>Print your<br>card to you<br>Attach this<br>permit.<br>Write 'Re<br>The Retur<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Bignature (Addressee or Agent)                                  | 5. Beceived By: (Print Name)                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1403 Calle Sur<br>Hobbs, NM 88240 | Alma G. Maxwell Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul> <li>□ Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>□ Attack this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>□ Write '<i>Return Receipt Requested</i>' on the mailpiece below the article number.</li> <li>□ The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul> | <b>co</b>                                                              | PS Form <b>3811</b> , December 1994      | 6. \$ignature (Addressee or Agent) | 5. Received By: (Print Name)                                                                               | Dulance Starts | Ciyae, 1X /9810                       | 8632 County Rd 235    | Samuel A. Stark  | 3. Article Addressed to: | <ul> <li>Compare lients of the and the reverse of this form so that we can return this cart to you.</li> <li>Print your name and address on the reverse of this form so that we can return this cart to you.</li> <li>Attach this form to the front of the malipiece, or on the back if space does not permit.</li> <li>Write "faturn Receipt Requested" on the malipiece below the article number.</li> <li>The Return Receipt Will show to whom the article was delivered and the date delivered.</li> </ul> | SENDER:                                                                |
|-----------------------------------------------------------------|------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|-----------------------|------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 102595-99-B-0223 Domestic Return Receipt                        | 8. Addressee's Address (Only if requested and fee is paid) | 7. Date of Delivery 7 -99 you fo | Express Mail     Action of the second s | 4b. Service Type                  | 2577 009 340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | we can return this       1. □ Addressee's Address         ace does not       2. □ Restricted Delivery         tide number.       2. □ Restricted Delivery         and the date       2. □ Restricted Delivery         cecept       5. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee): | 102595-99-B-0223 Domestic Return Receipt |                                    | Address Only IT requested and                                                                              |                | Return Receipt for Merchandise COD us |                       | 4b. Service Type | 4a. Article Number       | e can return this e can return this 1.  Addressee's Address adoes not 2.  Restricted Delivery celett Service celett                                                                                                                                                                                                                                                                                                                                                                                            | I also wish to receive the follow-<br>ing services (for an extra fee): |
|                                                                 |                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | 1                                        |                                    |                                                                                                            |                |                                       |                       |                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
| Account Number (If applicable)<br>Contract Deduced<br>Signature | NEW Telephone Number (Optional)                            |                                  | Address I Street Address or PO Box or Rural Route and RR Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . <u>유</u>                        | $\frac{1}{2} \frac{1}{2} \frac{1}$ | Please send mail to ne<br>My Name (Last name, first name,                                                                                                                                                                                                                                                                                                                                                                 | Mail this postcard to businesses and people who send you mail.         | PS Form 3811, becember 1994              | s 6. Fignary & Addressee pr Agent) | 5. Received By (Print Name)<br>Wary Harri I ton 8. Addressee's Address (Only if requested and fee is paid) |                | Traer, IA 50675                       | Aletta Frost Hamilton | Ross A. Hamilton | ω                        | <ul> <li>Complete terms 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write '<i>Return Receipt Reguested</i>' on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>                                                       | B Complete items 1 and/or 2 for additional services.                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ļ                                                                                                                                                                                                                       | s your <u>RETU</u>                                                           | RN ADDRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| to the front of the mailpiece, or on the back if space does not<br>opeipt Reguested" on the mailpiece below the article number.<br>To the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to whom the article was delivered and the date<br>of the show to was delivered and the show to was delivered | PS Form <b>3811</b> , December 1994 102595.<br>I and/or 2 for additional services.<br>s 1 and/or 2 for additional services.<br>s 3, 4a, and 4b.<br>e and address on the reverse of this form so that we can return this | 5. Reveived By: (Print Manne)<br>Ulawa<br>6. Signature (Addressee or Adjent) | 3. Afficie Addressed to:<br>Verna J Loflin<br>401 West Shipp<br>Hobbs, NM 88240<br>Verna LoS(:)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach his form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Write ' <i>Return Receipt Requested'</i> on the mailpiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered. |
| a does not     2.    Restricted Delivery       de number     2.    Restricted Delivery       da Article Number     4. Article Number       4a. Article Number     5.7.7.00.9.41/5       4b. Service Type     & Certified       1 Registered     Insured       2 Formers Mail     Insured       2 Return Receipt for Merchandise     COD       7. Date of Diffuery     COD       8. Addressee's Address (Only if requested and fee is paid)     free is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 99-B-0223 Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):                                                                                                             | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>Thank       | 48. And the Number<br>49. Service Type<br>49. Service Type<br>40. Servic | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Is your <u>RETURN ADDRESS</u> completed on the rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | erse side?                                                                                                                                                                                                              | s your RETU                                                                  | میر امیا را چید امریک میک <sup>رد</sup> کینے سالی                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul> <li>attach this form to the front of the malipieces, or on the back if space permit.</li> <li>Write "Felum Receipt Requested" on the malipiece below the artic of the Receipt Mill show to whom the article was delivered at delivered.</li> <li>3. Article Addressed to:</li> <li>MM Citizens Clean Air &amp; Water John Bartlit, Chairman 113 Monte Ray Dr., North Los Alamos, NM 87544</li> <li>5. Received By: (Print Name)</li> <li>6. Signature, (Addressee or Agent)</li> <li>Forom 3811, December 1994</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PS Form 3811, Da<br>SENDER:<br>Complete items 1 an<br>Complete items 3, 44                                                                                                                                              | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)            | Jack A. Barnett<br>Colorado River Basin Ctrl. Forum<br>106 West 500 South, Suite 101<br>Bountiful, UT 84010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3. 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write 'Refum Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.                                                                                |
| e does not       2.    Addressee's Address         2.    Restricted Delivery         ind the date         4a. Article Number         4b. Service Type         I Registered         I Registered         I Express Mail         I Date of Delivery         (J - 0)         4b. Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 a                                                                                                                                                                                                                     | 8. Addresseeds Address (Only if requested and<br>fee is paid)                | Ha. Anticle Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I also wish to receive the follow-<br>ing services (for an extra fee):<br>a can retum this<br>a does not<br>the date<br>and the date<br>the date                                                                                                                                                                                                                                                                                                                                       |

| - 1 - 1                                                                                     | <u>ne j ur</u>                                                                  | RN AD                        | DRES                               | <u>S</u> co   | mpleted                                         | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ls                                       | your                           | RETURN                                                     | N ADDRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------|------------------------------------|---------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Signature (Addressee on Agent)<br>21)/21/4 Cord VIII/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | 5. Received By: (Print Name)                                                    |                              |                                    |               | 3. Article Addressed to:<br>Billie Lee Redinger | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PS Form <b>3811</b> , December 1994      | 6. Signature (Addressee Agent) | 5. Received By: (Print Name)                               | 3. Article Addressed to:<br>Mary E. Redinger<br>RR 4, Box 458<br>Olney, IL 62450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>The Return Receipt Requested" on the mailpiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered.                  |  |
| 102595-99-B-0223 Domestic Return Receipt                                                    | 8. Addressee's Address (Only if requested and fee is paid)                      | 7. Date of Delivery - 5-99 3 | for Merchandise COD                |               | 4a. Article Number<br>2 577009503 FR            | I also wish to receive the following services (for an extra fee):         ace does not       1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Services (for an extra fee):</li> <li>Addressee's Address</li> <li>Addressee's Addressee's Address</li> <li>Addressee's Addressee's Addres</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 102595-99-B-0223 Domestic Return Receipt |                                | 8. Addressee's Address (Only if requested and the is paid) | 4a. Article Number<br>2577009490<br>4b. Service Type<br>4b. Service Type | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| ls your                                                                                     |                                                                                 | 4 . <b>* 6.7.</b> 3          |                                    |               | mpletec                                         | a an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | s your                         |                                                            | N ADDRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | یان ساله از ماند از مینان میزور میدونی<br>مرابع                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ס <b>ס</b> ך                                                                                | 5. Receiv                                                                       |                              |                                    |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PS Form                                  | 6. Signati                     | 5. Receiv                                                  | 3.<br>Ann<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Signature (Addressee or Agent)                                                              | red By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) |                              | - 0 2004 1707<br>Houston, TX 77251 | Tax Dept 1941 | TexacoExploration & Production 4b. Service Type | <b>TR:</b><br>te items 1 and/or 2 for additional services.<br>te items 3, 4a, and 4b.<br>you,<br>you,<br>the front of the reverse of this form so that we<br>you is the front of the mailpiece, or on the back if space<br>his form to the front of the mailpiece, or on the back if space<br>terverses and the the set of the mailpiece balow the article<br>the set of the set of the the set of the set of the set of the<br>terverses and the set of the set of the set of the set of the<br>terverses and the set of the<br>terverses and the set of the set o | n <b>3611</b> , December 1994            | Murg Ladressep or Agenthaul    | sived By: (Print Name)<br>). FM SNJE/L< 18.                | <ul> <li>Antrice Number</li> <li>William F. McNeill</li> <li>Will Terry Trust</li> <li>PO Box 1068</li> <li>Hobbs, NM 88241</li> <li>Atticle Number</li> <li>Atticle Number</li> <li>Bervice Type</li> <li>Registered</li> <li>Express Mail</li> <li>Express Mail</li> <li>Return Receipt for Merchandise</li> <li>7. Date of Delivery</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SENDER:<br>© Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>© Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>© Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>© White ' <i>Teturn Receipt Requested</i> ' on the mailpiece below the anticle number.<br>© White ' <i>Teturn Receipt Requested</i> ' on the mailpiece below the anticle number.<br>© The Return Receipt will show to whom the article was delivered and the date<br>delivered. |  |

|                         | your HEIUHN AUUHESS completed                                                                                                                                                                                                          | on the reverse side:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 311, De                 | 100]                                                                                                                                                                                                                                   | SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>□ Write "Return Receipt Requested" on the mailpiece below the article number.<br>□ The Return Receipt will show to whom the article was delivered and the date<br>delivered. | SENDER:         Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the mailpiece, or on the back if space does not permit.         Write ''Return Receipt Requested' on the mailpiece below the article number.         The Return Receipt will show to whom the article was delivered and the date delivered.         3. Article Addressed to:       4a. Article N.         Sec. Of Housing & Urban Dev.       4b. Service         6.25 Truman NE       4b. Service         Albuquerque, NMI 87110       4b. Service         Signature (Addressed to:       4b. Service         6. Signature (Addressed to:       4b. Service         9. Signature (Addressed to:       70 8. Addressed to:         9. Signature (Addressed to:       70 8. Addressed to:         9. Signature (Addressed to:       70 8. Addressed to:         9. Signature (Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 102595-99-B-0223        | 4. Article Number<br>4. Service Type<br>1. Registered<br>2. Express Mail<br>Return Receipt for<br>7. Date of Delivery<br>7. Date of Delivery<br>8. Addressee's Add<br>fee is paid                                                      | retum this<br>is not<br>is date                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lalso<br>e does not<br>de number<br>de the date<br>de |
|                         | 44. Article Number<br>45. Service Type<br>49. Registered<br>12. Express Mail<br>14. Return Receipt for Merchandise<br>17. Date of Delivery<br>17. Date of Delivery<br>16. Addressee's Address (Oriv)<br>16. Addressee's Address (Oriv) | Ialsowi<br>ing serv<br>1. □ Ac<br>2. □ R                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wi<br>ing serv<br>1. □ Ac<br>2. □ Re<br>2. □ Re<br>2. □ Re<br>2. □ Re<br>2. □ Re<br>2. □ Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Domestic Return Receipt | Country Alexandres                                                                                                                                                                                                                     | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                            | I also wish to receive the following services (for an extra fee):         1. □ Addresse's Address         2. □ Restricted Delivery         ber         77<004430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                         | Thank you for using Return Re                                                                                                                                                                                                          | celpt Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                         |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                         | 3. Article Addressed to:<br>Four Corners Pipeline                                                                                                                                                                                      | امه ا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SENDER:         Senversion         Complete items 1 and/or 2 for additional services.         Complete items 1, and 4b.         Print your name and address on the reverse of this form so that we reard to you.         Caractoryou.         Attack this form to the front of the malpiece, or on the back if space permit.         But There and addressed to:         401 E Stanolind Rd         Hobbs, NM 88240         By gnature (Addressee or Agent)         Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PS Form 3811,           | 3. Article Addressed to:<br>Four Corners Pipeline<br>5900 Cherry Ave<br>Long Beach, CA 908655<br>5. Received by: (Print Name)<br>5. Received by: (Print Name)<br>6. Signature (Addressee or Agent)                                     | امه ا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

I.

1

| SENDER:       I also wish to receive the following services:         Complete lems 3.4., and 2.       I also wish to receive the following services of this torm so that we can return this carn the lens 3.4., and 4.         I make and address on the reverse of this form to the fort of the malipiece, or on the back if space does no the malipiece below the article number.       I also wish to receive the following services (for an extra fee):         I make and address on the reverse of this form to the fort of the malipiece below the article number.       I also wish to receive the following services (for an extra fee):         I make and address on the reverse of this torm the article was delivered and the data       I also wish to receive the following services (for an extra fee):         I make and address on the reverse of this torm the article number.       I also wish to receive the following services (for an extra fee):         I make and address on the malipiece below the article number.       I also wish to receive the following services (for an extra fee):         I make and address on the malipiece below the article number and address on the matche was delivered and the data       I also wish to receive the following services (for an extra fee):         I make and address of the malipiece below the article number and address of the matche and address of the matche and address (for an extra fee):       I also wish to receive the following address (for an extra fee):         I make address address of the matche and address of the matche address (for an extra fee):       I also wish to receive the following address (for an extra fee): <tr< th=""><th>SENDER:       I also wish to receive the following services and the reverse of this tom so that we can return this and to you.       I also wish to receive the following services (for an extra fee); and the service is the reverse of the malpiece below the anticle was delivered and the date:          Attach this form to the front of the malpiece, or on the back if space does no permit.       I also wish to receive the following services (for an extra fee); and the service is the date was delivered and the date:          Attach this form to the front of the malpiece below the anticle was delivered and the date:       I also wish to receive the following services (for an extra fee); and the service is addressed to:          Atticle Addressed to:       I also wish to receive the following services (for an extra fee); and the service is addressed to:          Addressed to:       Atticle Number       I also wish to receive the following services (for an extra fee); and the service is addressed to:          Addressed to:       Addressed to:       I also wish to receive the service is address (for an extra fee); and the service is address (for methandise is addressed to:       I also wish to receive the following and the date:          Addressed to:       Addressed to:       Addressed to:       I also wish to receive the following and the date:          Addressed to:       Addressed to:       Addressed to:       Addressed to:       Addressed to:          Addressed to:       Addressede</th></tr<> | SENDER:       I also wish to receive the following services and the reverse of this tom so that we can return this and to you.       I also wish to receive the following services (for an extra fee); and the service is the reverse of the malpiece below the anticle was delivered and the date:          Attach this form to the front of the malpiece, or on the back if space does no permit.       I also wish to receive the following services (for an extra fee); and the service is the date was delivered and the date:          Attach this form to the front of the malpiece below the anticle was delivered and the date:       I also wish to receive the following services (for an extra fee); and the service is addressed to:          Atticle Addressed to:       I also wish to receive the following services (for an extra fee); and the service is addressed to:          Addressed to:       Atticle Number       I also wish to receive the following services (for an extra fee); and the service is addressed to:          Addressed to:       Addressed to:       I also wish to receive the service is address (for an extra fee); and the service is address (for methandise is addressed to:       I also wish to receive the following and the date:          Addressed to:       Addressed to:       Addressed to:       I also wish to receive the following and the date:          Addressed to:       Addressed to:       Addressed to:       Addressed to:       Addressed to:          Addressed to:       Addressede |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thank you for using Return Receipt Service.<br>Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SENDER:         Complete liems 1 and/or 2 for additional services.         Complete liems 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can caractro you.         Catach this form to the front of the malipiece, or on the back if space digermit.         The reverse of this form so that we cate in your name and address on the reverse of this form so that we cate address on the reverse of this form so that we cate in the reverse of the form for the malipiece below the article was delivered and the delivered.         The feature Receipt will show to whom the article was delivered and the delivered.         Article Addressed to:         The feature Receipt will show to whom the article was delivered and the delivered.         George Vlahos         Siterra Club         212 Tulane SE         Albuquerque, N.M. 87106         Albuquerque, N.M. 87106         Albuquerque, N.M. 87106         Signature (Addressel or Agent)         Ps Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to your name and address on the reverse of this form so that we many permit.</li> <li>Attach this form to the front of the malipiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested"</i> on the malipiece below the article The Return Receipt Will show to whom the article was delivered an delivered.</li> <li>Article Addressed to:</li> <li>Article Addressed to:</li> <li>S. Article Addressed to:</li> <li>S. Received By: (<i>Print Name</i>)</li> <li>S. Received By: (<i>Print Name</i>)</li> <li>S. Form 3811, December 1994</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| i also wish to receive the following services (for an extra fee):         e does not         1. □       Addressee's Address         e does not       2. □         He number:       1. □         dine date       2. □         He number:       2. □         He number:       1. □         Ath class       2. □         He number:       2. □         He number:       1. □         Ath class       2. □         He number:       2. □         He negistered       Insured         He turn Receipt for Merchandise       □ COD         7. Date of Delivery       □         He addressee's Address (Only if requested and fee is paid)       Insured and fee is paid         102595-99-B-0223       Dormestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the following services (for an extra fee):         can return this         1.   Addressee's Address         a does not         2.   Restricted Delivery         e number:         2.   Restricted Delivery         d the date         4a. Article Number         2.   Restricted Delivery         4b. Service Type           Registered           Registered           Registered           Receipt for Merchandise           Refure Seebs Mail           Insured           Refure Seebs Mail           Ispin           Patter           Patte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| SENDER:       Complete items 1 and/or 2 for additional services.<br>Complete items 3. 4a, and 4b.       I also wish to receive the follow.         Print your mane and address on the reverse of this form so that we can return this<br>card by you.       I also wish to receive the follow.         Print your mane and address on the reverse of this form so that we can return this<br>card by you.       I also wish to receive the follow.         Print your means and address on the reverse of this form so that we can return this<br>card by you.       I also wish to receive the follow.         Print your means and address on the reverse of this form so that we can return this<br>dailvered.       I also wish to receive the follow.         Print your means and address on the mailpices below the article was delivered and the data.       I also wish to receive the follow.         Print your means and address on the mailpices below the article was delivered and the data.       I also wish to receive the follow.         Print your means and address on the mailpices below the article was delivered and the data.       I also wish to receive the follow.         Print your means and address on the mailpices below the article was delivered and the data.       I also wish to receive the follow.         Signature (Addressee to X, Yung (B240)       Print Mame)       Addressee's Address (Ohly I' requested and<br>the is paid)         Print your (Print Name)       I hour of the mean and eleven the call of the paid of the so (Ohly I' requested and<br>the is paid)       I hour of the paid of the so (Ohl | SENDER:       I also wish to receive the following services.         Complete items 1 and/or 2 for additional services.       I also wish to receive the following services.         Complete items 3, 4a, and 4b.       Ing services (for an extra fee):         Attach this form to the front of the malpicea, or on the back if space does not even malpice below the antice number       I also wish to receive the following services (for an extra fee):         The Return Receipt will show to whom the anticle was delivered and the date       I also wish to receive the following services (for an extra fee):         3. Article Addressed to:       Anticle Number       I also wish to receive the following services (for an extra fee):         410 West Rainbow       Anticle Number       I also with the malpice below the antice number       I also wish to receive the following services (for an extra fee):         5 Received by:       Maria E. Martinez       4b. Service Type       Anticle Number       I also with the malpice service.         6. Signature (Addressee's or Agent)       Batter of Delivery       Deteor of Delivery       Insured         5 Received by:       (Print Name)       8. Addressee's Address (Only If requested and fee is paid)       Insured and fee is paid)         6. Signature (Addressee's or Agent)       8. Addressee's Address (Only If requested and fee is paid)       Insured and fee is paid) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the malipiece, or on the back if space does not permit.         In the Return Receipt Requested* on the malipiece below the article number.         The Return Receipt Requested* on the malipiece below the article number.         Attach this form to the front of the malipiece below the article number.         The Return Receipt Requested* on the malipiece below the article number.         Arthicle Addressed to:         Brown Arthice         Brown Arthice         Brown Arthice         Complete the article of D         Arthice         Brown Arthice         Brown Arthice         Brown Arthice         Brown Arthi         Brown Arthice                                                                                                                                                                                                                                                                                                                                                                                                                                       | SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write "Return Receipt Requested" on the mailpiece below the atticle number.         □ Write "Return Receipt Requested" on the mailpiece below the tricle number.         □ Write "Return Receipt Requested" on the matipiece below the atticle number.         □ Write "Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         3. Article Addressed to:         4a. Article N         Manuel Carrasco         304 W. Castle         Hobbs, NM 88240         □ Registere         □ Chare print         □ Date print         □ Date print         □ Signature (Addressee or Agent)         • S Form 3811, December 1994         102595-1                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I also wish to receive the following services (for an extra fee):         we can return this         1. □ Addressee's Address         ace does not         1. □ Addressee's Address         2. □ Restricted Delivery         and the date         4a. Article Number         4b. Service Type         □ Registered         □ Registered         □ Receipt for Merchandise         □ DAB of Delivery         ①LLAB - 49         8. Addressee's Address (Only if requested and fee is paid)         102595-99-B-0223       Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I also wish to receive the following services (for an extra fee):         ue can return this         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> <li>Registered</li> <li>Service Type</li> <li>Registered</li> <li>Express Mail</li> <li>Insured</li> <li>Date of Pelivery</li> <li>Addresse (Only if requested and fee is paid)</li> </ul> 102595-99-B-0223         Domestic Return Receipt           102595-99-B-0223         Domestic Return Receipt           102595-99-B-0223         Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| · · · · · · · · · · · · · · · · · · ·                                                                                                  | N ADDRESS completed                                                                                                                                               | t off the reverse side :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ls your <u>H</u>                                                        | ETURN AUURES                                                                                                                                                      | <u></u>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Received By: (Print Name)<br>6 Signature (Addressee Chaeent)<br>PS Form 3811, December 1994                                         | <ul> <li>Anticle Addressed to:</li> <li>Deborah A. Rhoads</li> <li>Mark Rhoads</li> <li>P O Box 1271</li> <li>Hobbs, NM 882411271</li> </ul>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6/Signature (Addressee or/Agent)<br>PS Form <b>3611</b> , December 1994 | Hobbs, NM 88240<br>5. Received By: <i>(Print Name)</i>                                                                                                            | 3. Article Addressed to:<br>George W. Deyarmon IV<br>311 West Shipp       | SENDER:<br>Complete Items 1 and/or 2 for additional services.<br>Complete Items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Write 'Return Receipt Reguested' on the mailpiece below the article number.<br>The Return Receipt Will show to whom the article was delivered and the date<br>delivered. |
| 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                              | Heinriche Type     Ho. Service Type     Registered     Express Mail     Ail Gringer Group Beceipt for Merchandise     COD     T. Daried Delinger Group Group Code | I also wish to receive the follow-<br>ing services (for an extra fee):<br>a can return this<br>a does not<br>te does not<br>a number.<br>A Addre Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 102595-99-B-0223 Domestic Return Receipt                                | □ Express Mail □ Insured<br>IX Retum Receipt for Merchandise □ COD<br>7. Date of Delivery 3 / 7 / 7<br>8. Addressee's Address (Only if requested and fee is paid) | 4a. Article Number<br>2 577 009 485<br>4b. Service Type<br>4b. Registered | I also wish to receive the follow-<br>ing services (for an extra fee):<br>e does not<br>te number.<br>the function of the date                                                                                                                                                                                                                                                                                                                                                  |
| Is your <u>RETU</u><br>Is your <u>RETU</u><br>B<br>Form                                                                                | you for using Return Re                                                                                                                                           | ceipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is your E                                                               | hank you for usin                                                                                                                                                 | g Return Rec<br>S completed<br>Bobby<br>Roy V                             | eipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ssee or<br>cember                                                                                                                      | Billy S. Braziel<br>513 West Castle<br>Hobbs, NM 8822                                                                                                             | <b>R:</b><br>le items 1 and/or 2 for a<br>le items 3, 4a, and 4b.<br>ur name and address o<br>you.<br>nis form to the front of the<br>isturn Receipt Request<br>d.<br>Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dressee or ,<br><del>V a. n.</del><br>December                          | 88241<br>(Print Name                                                                                                                                              | Addressed to:<br>y B Hamlett<br>Wayne Hamlett                             | 1 and/or 2 for a<br>3, 4a, and 4b.<br>and address or<br>to the front of th<br>sceipt Requests<br>sipt will show to                                                                                                                                                                                                                                                                                                                                                              |
| ed By: (Print Name) B. Addressee's Addresse (Only if fee is paid) g. (Addressee or Agent) 3811, December 1994 102595-99-B-0223 Domesti | riel<br>88240                                                                                                                                                     | SENDER:       I also wish to receive the follow-         Complete items 1 and/or 2 for additional services.       Ing services (for an extra fee):         Complete items 3, 4a, and 4b.       ing services (for an extra fee):         Definit your, new and address on the reverse of this form so that we can return this card to you.       1. □ Addressee's Addressee's Address         Definit form to the front of the mailpiece, or on the back if space does not \permit.       1. □ Addressee's Address         Definit " <i>Feturn Receipt Requested"</i> on the mailpiece below the article number.       2. □ Restricted Delivery         Definite "Return Receipt will show to whom the article was delivered and the date delivered.       4a. Article Number | ure (Addressee or Agent)                                                | ed By: ( <i>Print Name</i> )                                                                                                                                      |                                                                           | 2 for additional services.<br>d 4b.<br>ess on the reverse of this form so that we can<br>nt of the mailpiece, or on the back if space do<br><i>quested</i> " on the mailpiece below the article nu<br>how to whom the article was delivered and th                                                                                                                                                                                                                              |

I

| 11, December 1994                        | 6. Signature (Addressee pr Agent)        | 5. Received By: (Print Name) 8. Addressee'<br>fee is paid) | 7. Datesof   | Hobbs, NM 88241 Express Mail |           | Bobby B Hamlett 4b. Service | Addressed to: 4a.             | <ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write '<i>Return Receipt Requested</i>' on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul> | <b>SENDER:</b><br>□ Complete items 1 and/or 2 for additional services. | PS Form <b>3811</b> , December 1994 10255 | 6. Signature (Addressee or Agent)      | ad By: (Print Name) 8.           | 7. Date of Delivery $9 \cdot 2 \cdot 4$ |                     | 507 W. Castle | Timothy Pritchard 4b. Servic | 3. Article Addressed to:     |                                                                                                                                                                                                                  | Carto to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit. | Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this | Complete items 1 and/or 2 for additional services.                     | 011777 |
|------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------|------------------------------|-----------|-----------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------|---------------------|---------------|------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------|
| 102595-99-B-0223 Domestic Return Receipt |                                          | s Address (Only if requested and                           |              | Insured                      | Certified |                             | Article Number                | his 1.  Addressee's Address 2.  Restricted Delivery Service.                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive the follow-<br>ing services (for an extra fee): | 102595-99-B-0223 Domestic Return Receipt  | 1                                      | s Address (Only if requested and | 94                                      | for Merchandise COD | ☐ Insured     | /pe                          | 7009 406                     |                                                                                                                                                                                                                  | 1. ☐ Addressee's Address     2. ☐ Restricted Delivery                                                        |                                                                                                                     | t also wish to receive the follow-<br>ing services (for an extra fee): |        |
|                                          |                                          |                                                            |              |                              |           |                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | <br>                                      |                                        |                                  |                                         |                     |               |                              |                              |                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                     |                                                                        |        |
| PS Form <b>3811</b> , December 1994      | s your 4. Signature (Addressee or Agent) | A Received By: (Print Name)                                | <u>IN AD</u> | R Hobbs, NM 88240            |           | m Kenneth K. Batson         | ated 3. Article Addressed to: | Print your<br>card to yo<br>D Attach this<br>permit.<br>D The Retur<br>delivered.                                                                                                                                                                                                                                                                                                                                 | e Complete items 3, 4a, and 4b.                                        | PS Form <b>3811</b> , December 1994       | your 6. Signature (Addressee or Agent) |                                  |                                         | R Hobbs, NM 88240   |               | E Lonnie G Hill              | ete 3. Article Addressed to: | <ul> <li>Devining.</li> <li>The Return Receipt Requested: on the mailpiece below the article number.</li> <li>The Return Receipt will show to whorn the article was delivered and the date delivered.</li> </ul> |                                                                                                              | 0                                                                                                                   | Complete                                                               |        |

| Difference       The Requested* on the antiplece below the article number.         If The Relum Receipt will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Manuel F. Rodriquez         404 W. Stanolind Rd         Hobbs, NM 88240         5. Received By: (Print Name)         Manuel F. Rodriquez         Autor Stanolind Rd         Hobbs, NM 88240         Begistered         PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gent)<br><b>A</b> . 102595-99-B-<br>1011 onal services.<br>the reverse of this form so that we can return this<br>the reverse of this form so that we can return this<br>e mailpiece, or on the back if space does not                                                                                                                                                                                                                                                            | form to the front of the mailpiece, or on the back if space does not <i>m</i> Receipt Requested* on the mailpiece below the article number.         Receipt will show to whom the article was delivered and the date         dressed to:       4a. Article Num         J Cowen       4b. Service Typ         miterio Orrega       Bervice Typ         02 W. Stanolind Rd       Express Mail         lobbs, NM 88240       7. Date of Deliv         Paint Name)       8. Addressee's                                     | SENDER:                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Domestic Return Receipt<br>o wish to receive the follow-<br>services (for an extra fee):<br>Addressee's Address<br>Restricted Delivery                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |
| Permit.         By the Return Receipt Requested" on the malpice below the article was delivered and the date delivered.         3. Article Addressed to:         400 Rainbow         400 Rainbow         Hobbs, NM 88240         5. Received By: (Print Name)         6. Signature (Addressed)         7. Date of the is         8. Addressed is a second of the late of the | 6. Signature (Addressee or Agent)       fee is pair         PS Form 3811, December 1994       102595-5         PS Form 3811, December 1994       102595-5         SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Incomplete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.       Incomplete items 1 and/or 2 for additional services. | Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.     Write <i>"Return Receipt Requested"</i> on the mailpiece below the article number.     The Return Receipt Will show to whom the article was delivered and the date<br>delivered.     Joe Snider     Joe Snider     Hobbs, NM 88240     Freceived By: (Print Name)     Received By: (Print Name) | SENDER:<br>© Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>© Print your name and address on the reverse of this form so that we can return this<br>card to your |

| ls                                  | your RETURN AD                                                                                                         | DRESS completed                                                                                                                           | I on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ls                                  | your <u>RETURN A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DDRESS                                                                                | completed                   | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PS Form 3811, December 1994         | 5. Received By: (Print Name)                                                                                           | 3. Article Addressed to:<br>Rosa R. Martinez<br>402 Shipp Dr<br>Hobbs, NM 88240                                                           | <b>ENDER:</b><br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>I print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if spac<br>Attach this form to the front of the mailpiece, or on the back if spac<br>Permit.<br>Vittie ' <i>Return Receipt Requested</i> ' on the mailpiece below the artic<br>Write ' <i>Return Receipt Requested</i> ' on the mailpiece and<br>the Return Receipt will show to whom the article was delivered and<br>delivered. | PS Form <b>3811</b> , December 1994 | 5. Received By: (Print Name)<br>6. Signature (Addressee dr Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Gioria Sepeda<br>404 W. Shipp Dr<br>Hobbs, NM 88240                                   |                             | <b>SENDER:</b><br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>□ Write <i>'Return Receipt Reguested'</i> on the mailpiece below the article number.<br>□ Write <i>'Return Receipt Reguested'</i> on the mailpiece was delivered and the date<br>delivered. |
| 10259                               | 7. Date of Delivery<br>4 - 2 -<br>8. Addressee's Adi<br>fee is paid)                                                   | 4a. Article Number<br>2 577009<br>4b. Service Type<br>□ Registered<br>□ Express Mail<br>□ Express Mail<br>₽ Retum Receipt for Merchandise | can return the does not le number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 102595                              | 8. Addressee's Addresseee's Ad | Inegistered     Express Mail     Aretum Receipt for Merchandise     Toate of Delivery | 4a. Article Numbe           | can return thi<br>does not<br>a number.<br>d the date                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 102595-99-B-0223                    | aid)                                                                                                                   | Article Number<br>Service Type<br>Registered<br>Express Mail                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 102595-99-B-0223                    | id)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | i eu<br>6 Mail<br>6 Ceipt for I                                                       | Number                      | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                     | <u></u><br>9 γ<br>1 ress (On                                                                                           | Merchand                                                                                                                                  | I also wish to receive the follo<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Merchandi                                                                             | 009                         | <ul> <li>I also wish to receive the folloping services (for an extra fee):</li> <li>1. □ Addressee's Address</li> <li>2. □ Restricted Delivery</li> </ul>                                                                                                                                                                                                                                                                                                                                                       |
| estic Ret                           | ly if reque                                                                                                            |                                                                                                                                           | receive ;<br>(for an ex<br>see's Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | stic Retu                           | v if reque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - N                                                                                   | 45                          | wish to receive the fo<br>avrices (for an extra fe<br>Addressee's Address<br>Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                |
| Domestic Return Receipt             | Date of Delivery $\mathcal{A} - \mathcal{Y} - \mathcal{P} $<br>Addressee's Address (Only if requested and fee is paid) | 463<br>ACertified<br>□Insured                                                                                                             | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domestic Return Receipt             | sted and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COD<br>COD                                                                            | 4                           | <ul> <li>I also wish to receive the following services (for an extra fee):</li> <li>1. □ Addressee's Address</li> <li>2. □ Restricted Delivery</li> </ul>                                                                                                                                                                                                                                                                                                                                                       |
| <u>u</u>                            |                                                                                                                        |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | i ai                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -1                                  | ا<br>Thank you f                                                                                                       | <br>or using Return Re                                                                                                                    | celpt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Thank you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for using I                                                                           | Return Rec                  | eipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| •••••                               | - Constraints and the second second                                                                                    |                                                                                                                                           | l on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Thank you<br>your <u>RETURN /</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                             | eipt Service.<br>on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| •••••                               | your RETURN AL<br>6. Signature (Addressee or Agent)                                                                    | DDRESS completed<br>3. Anticle Addressed to:<br>Tommie J. Wormly<br>406 S. Shipp Dr<br>Hobbs, NM 88240                                    | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>The Return Receipt Requested on the mailpiece below the artic<br>delivered.                                                                                                                                                  |                                     | your RETURN 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS Hobbs, NM 88240                                                               | co 407 Poinchano P Gonzales | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PS Form <b>3811</b> , December 1994 | your RETURN AL<br>6. Signature (Addressee or Agent)                                                                    | DDRESS completed<br>3. Anticle Addressed to:<br>Tommie J. Wormly<br>406 S. Shipp Dr<br>Hobbs, NM 88240                                    | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>The Return Receipt Requested on the mailpiece below the artic<br>delivered.                                                                                                                                                  | PS Form <b>3811</b> , December 1994 | your RETURN 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hobbs, NM 88240                                                                       | co 407 Poinchano P Gonzales | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Is<br>PS Form                       | your <u>RETURN AI</u><br>6. Signat                                                                                     | DDRESS completed<br>3. Anticle Addressed to:<br>Tommie J. Wormly<br>406 S. Shipp Dr<br>Hobbs, NM 88240                                    | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>The Return Receipt Requested on the mailpiece below the artic<br>delivered.                                                                                                                                                  | Is<br>PS Form                       | your RETURN 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDR Hobbs, NM 88240                                                                  | completed<br>3. Article     | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| ls                                       | your RETURN AD                                                                                                                              | DDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ls                                       | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PS Form <b>3811</b> , December 1994      | 5. Beceived By: (Print Name)<br>(1240 - July - July - 1997)<br>6. Signature (Addressee or Agent)                                            | SENDER:         □ Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write 'Testum Receipt Requested' on the mailpiece below the article number.         □ The Return Receipt Hequested' on the mailpiece below the article number.         □ The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Arddressent tr:         Elmer Lynch         411 Rainbow         □ Express I         Hobbs, NM 88240                  | PS Form 3811, December 1994              | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print: your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the firont of the mailpiece, or on the back if space does not permit.         White "Return Receipt Requested" on the mailpiece below the article number.         The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Attice Ingalls         Patricia A. Widman         408 Rainbow         Hobbs, NM 88240         Hobbs, NM 88240         Atter of Dr.         Addressed by: (Phint Name)         6. Signature (Addressee for Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 102595-                                  | 8. Addressee<br>fee is paid                                                                                                                 | I al<br>ing<br>ing<br>ing<br>ing<br>ing<br>ing<br>ing<br>ing<br>ing<br>ing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 102595-                                  | I all<br>ing<br>ce does not<br>ce does not<br>ce does not<br>2.<br>ing<br>4a. Article Number<br>4a. Article Number<br>4b. Service Type<br>☐ Registered<br>☐ Express Mail<br>☐ Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 102595-99-B-0223 Domestic Return Receipt | $\frac{4}{12}$ . Date of Delivery $\frac{4}{12}$ $\frac{2}{27}$ $\frac{5}{5}$<br>8. Addressee's Address (Only if requested and fee is paid) | I also wish to receive the following services (for an extra fee):         can return this         1. □ Addressee's Address         odoes not         2. □ Restricted Delivery         a Anticle Number         2. □ Restricted Delivery         d the date         4b. Service Type         □ Registered         □ Registered         □ Registered         □ Registered         □ Repistered         □ Repistered         □ Repistered         □ Repistered         □ Repistered         □ Repistered         □ Insured         □ Return Receipt for Merchandise         □ COD         7. Date of Delivery                                                                                                                                | 102585-99-B-0223 Domestic Return Receipt | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. $\Box$ Addresse's Address<br>2. $\Box$ Restricted Delivery<br>2. $\Box$ Restricted Delivery<br>4. $\Box$ Restricted Delivery<br>6. $\Box$ Restricted Delivery<br>6. $\Box$ Restricted Delivery<br>6. $\Box$ Insured<br>6. $\Box$ Insured<br>6. $\Box$ Address (Only if requested and<br>7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          |                                                                                                                                             | a for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | مح<br>اد                                 | Thank you for using Return Receipt Service.<br>Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PS Form <b>3811</b> , December 1994      | 5. Received By (Print Name)<br>HE (ULINEA) (Print Name)<br>B. Signature (Addressee or Agent)                                                | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3.4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Print your name and address on the reverse of this form so that we can return this card to you.         Iteration         Iteration         The Return Receipt Requested on the mailpiece, or on the back if space does not permit.         The Return Receipt Requested on the mailpiece below the article number.         Iteration         Addressed to:         Article Addressed to:         Ramon C. Orona         Glenn & Cheryl Todd         Add West Rainbow         Hobbs, NM 88240         Tobate of D | PS Form 3811, December 1994              | 5. Receiv<br>6. Signatt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 102595-99-B-0223 Domestic Return Receipt | 8. Addressee's Address (Only if requested and fee is paid)                                                                                  | I also wish to receive the following services (for an extra fee):         ing service to number         4a. Article Number         4b. Service Type         4b. Service Type         Fegistered         Express Mail         Express Mail         Express Mail         Insured         Pelivery                                                                                                   | 102595-99-B-0223 Domestic Return Receipt | I also w<br>ing serv<br>ing serv<br>1. □ A<br>2. □ A<br>2. □ A<br>2. □ A<br>2. □ A<br>A<br>2. □ A<br>A<br>2. □ A<br>A<br>2. □ A<br>A<br>d<br>Mail<br>Mail<br>elivery<br>2 4<br>2 4<br>3 7<br>3 7<br>3. |

i

İ

| IS your METONIN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IS your HEIUHIN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print, your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the mailpiece, or on the back if space does not permit.         Definit, Your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the mailpiece below the article number.         The Return Receipt Requested* on the mailpiece below the article number.         The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:       4a. Article N         Kathryn K. Leavitt       4b. Service         409 Shipp Dr.       Hobbs, NM 88240         Registers       Express 1         Received By: (Print Name)       Return Receiver of D         Return Received By: (Print Name)       8. Addressee         Return Received By: (Print Name)       8. Addressee         Return Received By: (Print Name)       102595-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 40.         Privi your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the malipiece, or on the back if space does not permit.         Write 'Return Receipt Requested' on the malipiece below the article number.         The Return Receipt Mill show to whom the article was delivered and the date delivered.         Johores R. Villalobos         405 Shipp Dr         Hobbs, NM 88240         S. Received By: (Ppint Name)         6. Signature (Addressee or AgBryt)         PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| t also wish to receive the follow-<br>ing services (for an extra fee):         ue can return this<br>case does not<br>date         1. □ Addressee's Address<br>2. □ Restricted Delivery         4a. Article Number<br>dand the date         4b. Service Type         4b. Service Type         □ Registered         □ Express Mail         □ Express Mail         □ Insured         Ø Return Receipt for Merchandise         0 Delivery         1. □ Date of Delivery         2. □ Perss Mail         □ Insured         Ø Return Receipt for Merchandise         0 COD         7. Date of Delivery         1. □ Date of Delivery         1. □ Addressee's Address (Only if requested and fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the following services (for an extra fee):         we can return this         1. $\Box$ Addressee's Address         ace does not         2. $\Box$ Restricted Delivery         and the date         4a. Article Number         4b. Service Type $\Box$ Registered $\Box$ Express Mail $\Box$ Delivery $\Box$ Addressee's Address $\Box$ Addressee's Address (Only if requested and fee is paid)         102595-99-B-0223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| End     End     End     P     End       Image: Service and the serv | Image: Second |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Image: Second plete items is provided and the reverse side?         Second plete items is and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Primt your name and address on the reverse of this form so that we can return this card to you.         Image:                                                             | SENDER:         SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.         Complete items 3. 4a, and 4b.         Description on the trans of the mailpiece, or on the back if space does not permit.         Units form to the front of the mailpiece, or on the back if space does not permit.         Units form to the front of the mailpiece, or on the back if space does not defined.         Open-transport for addressed to:         Article Addressed to:         Herbert F. Widman         411 Shipp Dr         Hobbs, NM 88240         Ps Form 3811, December 1994         Ps Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

ļ

L

ł

| is your <u>RE</u>                                                                                     |                                                                               | DDRESS cor                                                     | npleted                                  | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                   | s your                                                    | RETUR                                                      | RN AD               | DRESS                                          | <u>S</u> com                   | pleted                   | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|---------------------|------------------------------------------------|--------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                              |                                                                               | 18240                                                          | 3. Article Addressed to:<br>Arturo Rubio | <b>SENDER:</b><br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>□ Attach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>□ Write " <i>Return Receipt Requested</i> " on the malipiece below the article number.<br>□ The Return Receipt will show to whom the article was delivered and the date<br>delivered. | PS Form <b>3811</b> , December 1994 | 6. Signature (Addressee or Agent)<br>Bla Much III a Value | 5. Received By: (Print Name) 8                             | 7                   | Hobbs, NM 88240                                |                                |                          | SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>□ Write 'Return Receipt Requested' on the mailpiece below the article number.<br>□ The Return Receipt Will show to whom the article was delivered and the date<br>delivered. |
| fee is paid)<br>102595-99                                                                             | 8. Addre                                                                      | □ Registered<br>□ Express Ma<br>KL Return Rece                 | 4a. Artici<br>4b. Servi                  | can return<br>9 does not<br>9 d the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1025                                |                                                           | 8. Addressee<br>fee is paid)                               | 7. Date of Delivery | Express Mail<br>Return Receipt for Merchandise | 4b. Service Ty<br>□ Registered | 4a. Article              | can return i<br>does not<br>orumber.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| is paid)<br>102595-99-B-0223                                                                          | Addressee's Ac                                                                | Registered<br>Express Mail<br>Return Receipt f                 | Service Type                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-8-0223                    |                                                           | ssee's Ac<br>paid)                                         | f Deliver           | ss Mail<br>Receipt fo                          | ce Type<br>tered               | Article Numbe            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                       | ddress (                                                                      | Registered     Express Mail     Return Receipt for Merchandise | 7 DC                                     | g service<br>□ Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                           | idress (C                                                  | 9 Y                 | or Mercha                                      |                                | 2                        | g service<br>□ Addr<br>□ Rest                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| omestic I                                                                                             | Only if re                                                                    |                                                                | 200                                      | so wish to receive the fo<br>services (for an extra fe<br>☐ Addressee's Address<br>☐ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                  | mestic F                            |                                                           | Only if re                                                 |                     |                                                | Ŕ                              | PC                       | lso wish to receive the fo<br>services (for an extra fe<br>☐ Addressee's Address<br>☐ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                 |
| Domestic Return Receipt                                                                               | Address (Only if requested and                                                | ☐ Insured<br>□ coD                                             | ELJ                                      | also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                              | Domestic Return Receipt             |                                                           | Addressee's Address (Only if requested and fee is paid)    |                     | COD                                            | Certified                      | BOC                      | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                            |
| •                                                                                                     |                                                                               |                                                                |                                          | Ş.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sceipt                              |                                                           |                                                            |                     |                                                |                                |                          | , Š                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                       |                                                                               |                                                                |                                          | ceipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | ls you                                                    | r <u>RETU</u>                                              |                     |                                                | ~~ ~                           | ·····                    | ceipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. Signature (Addressee orragent)<br>(1212 Dorration for current and a<br>PS Form 3811, December 1994 | 5. Received By: (Print Name)                                                  |                                                                | 3. Article Addressed to:                 | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3. 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the article<br>The Return Receipt will show to whom the article was delivered and<br>delivered.                                                                     | PS Form <b>3811</b> , December 1994 | , o                                                       | 5. Received By: (Print Name)                               |                     | Hobbs, NM 88240                                | Oscar Alfredo Mojica           | 3. Article Addressed to: | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write 'Return Receipt Requested' on the mailpiece below the article<br>The Return Receipt will show to whom the article was delivered ard<br>delivered.                                                     |
| fee                                                                                                   |                                                                               | NUL                                                            | 4 14                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                           | •                                                          |                     |                                                |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| fee is paid)<br>102595-99-B-0223                                                                      | 7. Date of Delivery<br>リ・こぞ?<br>8. Addressee's Address (Only if requested and | Registered     Express Mail     Return Receipt for Merchandise | 4a. Article Numbe                        | an return this<br>does not<br>number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-B-0223                    |                                                           | 8. Addressee's Address (Only if requested and fee is paid) | 7. Date of Delivery | CI Express Mail                                | 4b. Service Type               | 4a. Article Numbe        | return this<br>les not<br>umber.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

:

-

| IS your HEIUKN AUUKESS completed on the reverse side ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is your HEIUHN AUUHESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:         □ Complete items 1 and/or 2 for additional services.         □ complete items 3, 4a, and 4b.         □ attach this form and address on the reverse of this form so that we can return this         □ Attach this form to the front of the malipiece, or on the back if space does not         □ Write "Return Receipt Requested" on the malipiece below the article mumber.         □ The Return Receipt Requested to:         □ Artricle Addressed to:         James Rather         303 W. Castle         Hobbs, NM 88240         □ Date of D.         □ Particle Addressee or Agent)         6. Signature (Addressee or Agent)         PS Form 3811, December 1994 | SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write " <i>Return Receipt Requested</i> " on the mailpiece below the article number.         □ The Return Receipt Mill show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Mable Montgomery 307 W. Castle         Hobbs, NM 88240         □ Expression         F. Received By: (Print Name)         6. Signature (Addressee or Agent)         0. Signatere (Addresse |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>ce does not<br>ce does not<br>and the date<br>and the date<br>4a. Article Number<br>4b. Service Type<br>B Registered<br>Express Mail<br>Coertified<br>Express Mail<br>Coertified<br>Express Mail<br>Cod<br>7. Date of Delivery<br>Coertified<br>Express Mail<br>Cod<br>7. Date of Delivery<br>Contraction derivers<br>Cod<br>7. Date of Delivery<br>Coertified<br>Expressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                          | I also wish to receive the follow-<br>ing services (for an extra fee):         e can return this         1. □ Addressee's Address         a does not         2. □ Restricted Delivery         Ind the date         4a. Article Number         1. □ Addressee's Address         4b. Service Type         □ Registered         □ Express Mail         □ Insured         □ Registered         □ Insured         B. Addressee's Address (Only if requested and fee is paid)         102595-99-B-0223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 호 입 역 주 대 전 전 주 대 Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 호 ' Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Print your, cance and address on the reverse of this form so that we can return this card to you.         □ Artach this form to the front of the malipiece, or on the back if space does not permit.         □ Write 'Return Receipt Requested' on the malipiece, or on the back if space does not delivered.         □ Article Addressed to:         • Article Addressed to:         • Castle Ave Baptist Church 301 E Castle         • Hobbs, NM 88240         • Freseived By: (Print Name)         • Stream 38 11 y December 1994                                                                                                                                                                                                                                                                 | SENDER:         □ Complete items 3: 4a, and 4b.         □ ormplete items 3: 4a, and 4b.         □ orthe back if space does not permit.         □ Write "Return Receipt Hequested" on the malipiece, or on the back if space does not permit.         □ Write "Return Receipt Hequested" on the malipiece balow the article number.         □ The Return Receipt Will show to whom the article was delivered and the date         □ belivered.         □ Article Addressed to:         Lousi Carroll Bryan         308 W. Castle         Hobbs, NM 88240         □ Express 1         □ Article By: (Print Name)         □ Begistere         0. Signature (Addressee or Agent)         □ Signature (Addressee or Agent)         □ December 1994         1025954                                                                                                                                                                                            |
| I also wish to receive the follow-<br>ing services (for an extra fee):         e does not<br>le number.         1. <ul> <li>Addressee's Address</li> <li>C<ul> <li>Restricted Delivery</li> <li>Registered</li> <li>Express Mail</li> <li>Express Mail</li> <li>Receipt for Merchandise</li> <li>COD</li> </ul>            7. Date of Delivery         Y           8. Addresse's Address (Only if requested and<br/>fee is paid)         Insured           102595-99-B-0223         Domestic Return Receipt           102595-99-B-0223         Domestic Return Receipt</li></ul>                                     | I also wish to receive the following services (for an extra fee):         • can return this         • does not         • does not         • an return this         • does not         • an return this         • an the date         • an the date         • an the date         • an the date         • an this         • an this         • an this         • an the date         • an this         • an this <t< td=""></t<>                                                                                                                                                                                                                                                                                                                                                                           |

i

. İ

|                                                                                                                                                                                                                                                                                                                                                                                                                         | ed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IS your <u>HETOHNA</u>                                                                                                                  | DDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jewle Bible<br>Betty Hawkins<br>310 W. Castle<br>Hobbs, NM 88240<br>5. Received By: (Print Name) /<br>6. Spinature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                          | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Definit your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the malipiace, or on the back if space does not permit.         Definite 'Return Receipt Requested' on the malipiece below the article number.         The Return Receipt Requested' on the malipiece below the article number.         The Return Receipt Requested' on the malipiece below the article number.         The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:                                                         | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the mailpiece, or on the back if space does not permit.         Drint will show to whom the article was delivered and the date delivered.         The Return Receipt Will show to whom the article was delivered and the date delivered.         Article Addressed to:         Kenneth L. Cook         306 W. Castle         Hobbs, NM 88240 |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | I also wish to receive the follow-<br>ing services (for an extra fee):<br>ace does not<br>and the date<br>4a. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Date of Delivery<br>7. Date of Delivery<br>9. Addressee's Address (Only if requested and<br>102595-99-B-0223 Domestic Return Receipt | I also wish to receive the following services (for an extra fee):         ve can return this         I: □ Addressee's Address         ice does not         I: □ Addressee's Address         and the date         4a. Article Number         2: □ Restricted Delivery         4b. Service Type         4b. Service Type         Express Mail         □ Express Mail         □ Insured         Data of Delivery                                                                                                                                                                                          |
| Thank you for using Return F                                                                                                                                                                                                                                                                                                                                                                                            | Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         | for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| John F. Bryant<br>Bryant Living Trust<br>319 W. Castle<br>Hobbs, NM 88240<br>6. Signature (Addressee of Agent)<br>FS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                   | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Aract to you.         Aract to you.         Aract this form to the front of the mailpiece, or on the back if space does not permit.         Definition the front of the mailpiece below the article number.         Definition and the caust of on the mailpiece below the article number.         Definition and the caust of the mailpiece below the article number.         Definition and the caust of the mailpiece below the article number.         Definition and the caust of the date delivered.         3. Article Addressed to: | Is your RETURN 5. Beceived By: (Print Name)<br>6. Signature (Addressee of Agent)<br>PS Form <b>3811</b> , December 1994                 | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Definity your name and address on the reverse of this form so that we can return this card to you.         Attack this form to the front of the mailpiece, or on the back if space does not permit.         Definit four needed will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Consepcion V. Zuniga         312 W. Castle         Hobbs, NM 88240         Coaste of D                                                   |
| 2       577       009       479         4b. Service Type       Accertified         □       Registered       □         □       Express Mail       □       Insured         Ø       Return Receipt for Merchandise       □ COD       7. Date of Delivery         Ø       2-%       \$       S       Addressee's Address (Only if requested and fee is paid)         M       102595-99-8-0223       Domestic Return Receipt | services.<br>rse of this form so that we can<br>ce, or on the back if space do<br>maliplece below the article nu<br>ne article was delivered and th<br>se article was delivered and th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Recei                                 | evices.<br>se of this form so that we can return this<br>an or on the back if space does not<br>e article was delivered and the date<br>e article was delivered and the date<br>for the article number<br>e article was delivered and the date<br>for the article number<br>data Article Number<br>data Service Type<br>data Service Type<br>T. Date of Delivery<br>e article number<br>data Service Type<br>T. Date of Delivery                                                                                                                                                                       |

i I

| ls y                                     | our <u>RETURN ADE</u>                                                                                                            | <u>DRESS</u> completed of                                                                                                                                                                          | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ls y                                     | our <u>RETURN A</u>                                                                      | DDRESS complete                                                       | d on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PS Form <b>3811</b> , December 1994      | 5. Received By: (Print Name)<br>(COV D M M A CON<br>6. Signature (Addressee or Agent)                                            | 3. Article Addressed to:<br>Lila J. Madron<br>302 W. Castle<br>Hobbs, NM 88240                                                                                                                     | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>The Return Receipt Requested" on the mailpiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered. | PS Form <b>3811</b> , December 1994      | 5. Received By: (Print Name)<br>Starter Martin<br>B. Signature (Addressee or Agent)      | Jaime Baeza<br>Yoland Baeza<br>304 West Rainbow<br>Hobbs, NM 88240    | SENDER:<br>© Complete items 1 and/or 2 for additional services.<br>Complete items 1, 4a, and 4b.<br>© Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>© Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>© Write " <i>Return Receipt Requested</i> " on the mailpiece below the article number.<br>© The Return Receipt Will show to whom the mailpiece below the article number.<br>3. Article Addressed to:<br>14a Article N      |
| 102595-99-B-0223 Domestic Return Receipt | 7. Date of Delivery<br>4 - 2 9<br>8. Addressee's Address (Only if requested and<br>fee is paid)                                  | 4a. Article Number         4a. Article Number         4b. Service Type         4b. Service Type         Certified         Express Mail         Express Mail         Return Receipt for Merchandise | I also wish to receive the follow-<br>ing services (for an extra fee):<br>e can return this<br>ce does not<br>ce does not<br>2.                                                                                                                                                                                                                                                                                                                                              | 102595-99-B-0223 Domestic Return Receipt | 8. Addressee's Address (Only if requested and fee is paid)                               | 2 577 009 390                                                         | I also wish to receive the follow-<br>ing services (for an extra fee):<br>e can retum this<br>the does not<br>de number.<br>ind the date                                                                                                                                                                                                                                                                                                                                                                                                |
| eipt                                     |                                                                                                                                  |                                                                                                                                                                                                    | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eipt                                     | 1                                                                                        |                                                                       | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                          |                                                                                                                                  | DDRESS completed                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                        | your <u>RETURN</u>                                                                       | for using Return R<br>ADDRESS comple                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PS Form <b>3811</b> , December 1994      | 5. Received By: (Print Name)<br>OFRANCLAS OLULIAS<br>6. Signature (Addressee of Agent)                                           | DDRESS completed<br>Sharron D. Millsap<br>Hobbs, NM 88240                                                                                                                                          | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space<br>permit.<br>Write 'Refurm Receipt Requested' on the mailpiece below the article<br>The Return Receipt Will show to whom the article was delivered ar<br>delivered.                                         | PS Form <b>3811</b> , December 1994      | 5. Received By: (Print Name)<br>I ON CASTON ON TO S<br>6. Signature (Addressee or Agent) | Jose Rodriguez<br>Irene Beard<br>300 West Shipp Dr<br>Hobbs, NM 88240 | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space<br>permit.<br>Write 'Return Receipt Requested' on the malipiece below the article<br>Write 'Return Receipt Will show to whom the article was delivered article the article delivered.<br>3. Article Addressed to: |
| 102595-99-B-0223 Domestic Return Receipt | <ul> <li>7. Date of Delivery</li> <li>4 - 2 - 9 9</li> <li>8. Addressee's Address (Only if requested and fee is paid)</li> </ul> | 4a. Article Number<br>4b. Service Type<br>4b. Service Type<br>I Registered<br>Express Mail<br>Express Mail<br>Return Receipt for Merchandise                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):<br>e does not<br>te number.<br>d the date                                                                                                                                                                                                                                                                                                                                                             | 102595-99-B-0223 Domestic Return Receipt | ムーン・イア<br>8. Addressee's Address (Only if requested and<br>fee is paid)                  | 4b. Service Type                                                      | I also wish to receive the following services (for an extra fee):         can return this         a does not         2.                                                                                                                                                                                                                                                                                                                                                                                                                 |

ļ

I.

| ls                                       | your <u>RETURN AD</u>                                                                               | DRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ls                                       | your <u>RETURN AI</u>                                                                | DRESS completed                                                                                                                                                | I on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PS Form 3811, December 1994              | 5. Received By: (Print Nafre)                                                                       | 3. Article Addressed to:<br>Gilberto Hernandez Raymundo<br>304 Shipp St<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SENDER:<br>© Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>© Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>© Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>© Write "Return Receipt Requested" on the mailpiece below the article number.<br>© Write "Return Receipt will show to whom the article was delivered and the date<br>delivered. | PS Form 3811, December 1994              | 5. Received By: (Print Name)<br>6-5 Ignature (Auduessee or Agenn)                    | 3. Article Addressed to:<br>Gregory W. Shoults<br>301 W. Palace<br>Hobbs, NM 88240                                                                             | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Print your name and address on the mailpiece, or on the back if space does not<br>permit.<br>Print <i>Prevent</i> the front of the mailpiece, or on the back if space does not<br>permit.<br>Print <i>Prevent</i> the form to the form of the mailpiece below the anticle number.<br>The Return Receipt will show to whom the anticle was delivered and the date<br>delivered. |
| 102595-99-B-0223 Domestic Return Receipt | 7. Date of Delivery<br>4 - 2 - 9 9<br>8. Addressee's Address (Only if requested and<br>fee is paid) | 4a. Article Number<br>2 577 009 392<br>4b. Service Type<br>1 Registered<br>2 Express Mail<br>2 Express Mail<br>4 Certified<br>1 Insured<br>4 Cortified<br>4 Certified<br>4 Certified<br>4 Cortified<br>4 Certified<br>4 Certified | I also wish to receive the follow-<br>ing services (for an extra fee):<br>ace does not<br>and the date                                                                                                                                                                                                                                                                                                                                                                                       | 102585-99-B-0223 Domestic Return Receipt | 7. Date of Delivery<br>4. Addressee's Address (Only if requested and<br>fee is paid) | 4a. Article Number<br>4 Service Type<br>4b. Service Type<br>Registered<br>Express Mail<br>Ketter Insured<br>Ketter Insured<br>Ketter Insured<br>Ketter Insured | I also wish to receive the follow-<br>ing services (for an extra fee):<br>ace does not<br>ticle number.<br>and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ť                                        | 1                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -1                                       | I                                                                                    | 1 1                                                                                                                                                            | r I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b>                                 | Thank you f                                                                                         | or using Return Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - [                                      | Thank you f                                                                          | or using Return Re                                                                                                                                             | ceipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ls                                       | Thank you f                                                                                         | DDRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | your <u>RETURN AD</u>                                                                | DDRESS completed                                                                                                                                               | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                          | Thank you f                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | States in the                                                                        | s as seened as                                                                                                                                                 | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ls                                       | Thank you f<br>your <u>RETURN A(</u><br>6. <u>Signa</u>                                             | 2DRESS completed<br>3. Anticle Addressed to:<br>309 W. Palace<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space doe<br>permit.<br>Write " <i>Tetum Receipt Requested</i> " on the mailpiece below the article nu<br>I The Return Receipt will show to whom the article was delivered and thu                                             | ls<br>P                                  | your <u>RETURN AC</u>                                                                | 20DRESS completed<br>Transito Florez Rodriguez<br>311 W. Palace<br>Hobbs, NM 88240                                                                             | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

i

| ls y                                     | our <u>RETURN</u>                                                 | ADDRESS completed                                                                                                                                                                                                                                                                   | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PS Form <b>3811</b> , December 1994      | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent) | <ul> <li>3. Article Addressed to:</li> <li>Cecil Wayne Luttrull</li> <li>Violet Louise Luttrull</li> <li>321 W. Palace</li> <li>Hobbs, NM 88240</li> </ul>                                                                                                                          | SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>□ Write "Return Receipt Requested" on the mailpiece below the article number.<br>□ Write "Return Receipt Will show to whom the article was delivered and the date<br>delivered. | SENDER:         □ Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the malipiece, or on the back if space does not permit.         □ Write 'Fleturn Receipt Requested' on the malipiece below the article number.         □ The Return Receipt Will show to whom the article was delivered and the date delivered.         307 W. Palace         Hobbs, NM 88240         □ Attack By: (Print Name)         5. Received By: (Print Name)         6. Signature (Addressee or Agent)         95 Fdrm 3811, December 1994                                                                                                                                                                                                                                                                                            |
| 102595-99-B-0223 Domestic Return Receipt | 8. Addressee's Address (Only if requested and fee is paid)        | 4a. Article Number<br>2 577 009 480<br>4b. Service Type<br>4b. Service Type<br>4b. Service Type<br>Certified<br>Certified<br>Certified<br>Cod<br>Areturn Receipt for Merchandise<br>7. Date of Delivery<br>7. Date of Delivery<br>4 - 2.99 for using Return Receipt for Merchandise | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                               | I also wish to receive the follow-<br>ing services (for an extra fee):         ace does not<br>and the date         1. □ Addressee's Address<br>2. □ Restricted Delivery         4a. Article Number<br>4b. Service Type<br>□ Registered<br>□ Registered<br>□ Receipt for Merchandise □ COD<br>7. Date of Delivery<br>4. Addressee's Address (Only if requested and<br>fee is paid)         8. Addressee's Address (Only if requested and<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ls                                       | your <u>RETURN</u>                                                | ADDRESS_complete                                                                                                                                                                                                                                                                    | d on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form <b>3811</b> , December 1994      | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent) | Thorsten Karl Langner<br>305 West Shipp Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SENDER:         □ Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the malipiece, or on the back if space does not permit.         □ Write 'Return Receipt Requested' on the malipiece below the article number.         □ The Return Receipt Requested' on the malipiece below the article number.         □ The Return Receipt Requested' on the malipiece below the article number.         □ The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:       4a. Article N         □ Delfina Sanchez       4b. Service 1         310 Shipp Dr       Express 1         Hobbs, NM 88240       Express 1         □ Registere       Express 1         3. Article By: (Print Name)       8. Addressee         • Signature (Addressee or Agent)       10259-9         95 Form 3811, December 1994       10259-9 |
| 102595-99-B-0223 Domestic Return Receipt | 8. Addressee's Address (Only if requested and fee is paid)        | 44. Anticle Number<br>45. Service Type<br>Registered<br>Express Mail<br>AG Return Receipt for Merchandise<br>7. Date of Delivery                                                                                                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):<br>ace does not<br>ricle number.<br>and the date                                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive the follow-<br>ing services (for an extra fee):         ace does not<br>tide number.<br>and the date         1. <ul> <li>Addressee's Address</li> <li>Restricted Delivery</li> </ul> 4a. Article Number<br>AB. Service Type       Accentified         I Registered       Service Type         Ab. Service Type       Accentified         Begistered       Configure         Coll       Coll         Ath of Delivery       Coll         Addressee's Address (Only if requested and<br>fee is paid)       Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

ļ

i

i

ļ

|                                                                                | REIUF                                                      | <u>RN ADI</u>                 | DRES                                   | <u>S</u> co  | omp           | leted                                 | on the reverse s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | side?                                                                  | i li                                     | s your                            | RETU                                                       | RN AD                              | DRE                 | <u>ss</u> (   | com          | pletec                              | I on the reve                                                                                                                                                                                                                                                                                                                                                                                                | rse side'                                                                                          | ?      |
|--------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------|----------------------------------------|--------------|---------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------|-----------------------------------|------------------------------------------------------------|------------------------------------|---------------------|---------------|--------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------|
| Form <b>3811</b> , C                                                           | 5. Received By: (Print Name)<br>とドメタル C C mの / Ch          |                               | 100005, 1111 00240                     | 306 Shipp Dr | Eugenío Saenz | 3. Article Addressed to:              | <ul> <li>Complete items 1 enuoue and the environment services.</li> <li>Complete items 3.4.a. and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Attach this form Receipt Requested" on the mailpiece below the article number.</li> <li>If the Return Receipt Will show to whom the article was delivered and the date delivered.</li> </ul> | n Complete items 1 and/or 2 for additional services                    | PS Form <b>3811</b> , December 1994      | 6. Sighature (Addressee or Agent) | 5. Received By: (Print Name)                               |                                    | Hobbs, NM 88240     | 305 W. Palace | Bud Anderson | 3. Article Addressed to:            | <ul> <li>ard to you construct and accord of the realipiece of on the back if space does not permit.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write <i>"Return Receipt Requested"</i> on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul> | SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>□ Complete items 3, 4a, and 4b. |        |
| 102595-99-B-0223 Domestic Return Receipt                                       | 8. Addressee's Address (Only if requested and fee is paid) | 7. Date of Delivery<br>イーン、クイ | Return Receipt for Merchandise COD usi |              | pe            | 4a. Article Number<br>2 STI DUA 390 B |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I also wish to receive the follow-<br>ing services (for an extra fee): | 102595-99-B-0223 Domestic Return Receipt |                                   | 8. Addressee's Address (Only if requested and fee is paid) | 7. Date of Delivery<br>1/-3-79 gou | for Merchandise COD |               | /pe          | 4a. Antole Number<br>2577 009 404 m | ace does not 2.                                                                                                                                                                                                                                                                                                                                                                                              | I also wish to receive the follow-<br>ing services (for an extra fee):                             |        |
|                                                                                |                                                            |                               |                                        |              |               |                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                          |                                   |                                                            |                                    |                     | -             |              |                                     | •                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |        |
| ls your                                                                        | RETU                                                       | RN AL                         | DRE                                    | <u>SS (</u>  | om            |                                       | ana anang sang sang sang sang sang sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | side?                                                                  | <br>  !!                                 | s your                            |                                                            | RN ADI                             |                     | • • •         |              | •                                   | on the rever                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                  | ۲<br>۱ |
| sy 6. Signatuye (Addressee or Agent)<br>sy PS Form <b>3811; Dese</b> mber 1994 | 5. Recei                                                   | RNAC                          | HODDS, NM 002-70                       |              |               |                                       | on the reverse<br>Comple<br>Card to<br>Attach t<br>D Write 7<br>delivera                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | PS Form 3811, December 1994              | 6. Signature Addressee or /       | RETUS 5. Received By: (Print Name)                         | Hobbs, NM 88240                    | DRES                | <u>SS</u> c   |              | •                                   | on the rever                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                  |        |

| Is your <u>RETURN ADDRE</u>                                                                                                 | SS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ls your <u>RETURN ADD</u> F                                                                                                                                         | ESS_completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hobbs, NM 88240<br>5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>PS Form <b>381T</b> , Depember 1994 | SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write 'Return Receipt Requested' on the mailpiece below the article number.         □ The Return Receipt Will show to whom the anticle was delivered and the date delivered.         3. Article Addressed to:         Francis Charles Bargas         Theola J. Hendricks         □ Express                                                                                                                                  | Hobbs, NM 88240                                                                                                                                                     | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3. 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.         Attach this form to the front of the malipiece, or on the back if space does not permit.         Drint withe "Return Receipt Requested" on the malipiece below the article number.         The Return Receipt Requested" on the malipiece below the article number.         The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Charles D. Yaws         Carolyn Yaws         1810 S. Cochran                                      |
| Address (Only if requested and Co23 Domestic Return Receipt                                                                 | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.<br>Addressee's Address<br>2.<br>Restricted Delivery<br>Addressee's Address<br>2.<br>Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Delivery<br>7. Date of Delivery<br>4. 2. 2.<br>8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt | I also wish to rece<br>ing services (tor a<br>1. □ Addressee'<br>2. □ Restricted [<br>2. □ Restricted [<br>2. □ Restricted [<br>7. 009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| · · · · · · · · · · · · · · · · · · ·                                                                                       | ing Return Receipt Service.<br>ESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                     | <u>RESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. Received By: (Print Name)<br>9. Signature (Addressee or Agent)<br>9. PS Form <b>3811</b> , December 1994                 | SENDER:         □ Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         □ Drint your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write 'Feturn Receipt Requested' on the mailpiece below the article number.         □ The Return Receipt Requested' on the mailpiece below the article number.         □ The Return Receipt Requested on the article was delivered and the date delivered.         3. Article Addressed to:         4a. Article N         1616 S. Cochran         □ Registere         Hobbs, NM 88240 | 5. Receiv<br>6. Signatu<br>PS Form                                                                                                                                  | SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write 'Return Receipt Requested' on the mailpiece below the article number.         □ The Return Receipt Requested on the mailpiece below the article number.         □ The Return Receipt Will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Charles Cowger         1601 South Turner         1601 South Turner         Hobbs, NM 88240 |
|                                                                                                                             | es.<br>this form so that w<br>on the back if space<br>riece below the artin<br>cle was delivered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     | es.<br>this form so that w<br>on the back if spac<br>on the below the antic<br>cle was delivered a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

ļ

į

.

| <b></b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | JDHL33 completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                              | N ADDRESS complet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed on the reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 Agnature Addréssee or Agent)<br>PS Form <b>3811,</b> December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5. Received By: (Print Name)                                                                                    | 3. Article Addressed to:<br>Lyndel Gene Mason<br>Jody Marie Mason<br>1601 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>SENDER:</b><br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the malipiece below the article number.<br>I The Return Receipt will show to whom the article was delivered and the date<br>delivered. | PS Form 3811, December 1994              | 5. Received By: (Print Name)<br>C. (And YM, A. (A. (A))<br>6. Signature (Addressee or Agent) | Robert E. Buss<br>M.A. Maddux<br>1607 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the malipiece, or on the back if space does not permit.         □ Write 'Return Receipt Requested' on the malipiece below the article number.         □ The Return Receipt will show to whom the article was delivered and the data delivered.         3. Article Addressed to:       4a. Article N |
| 102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Date of Delivery<br>$4 \cdot 2 - 9 \cdot 5$<br>8. Addressee's Address (Only if requested and<br>fee is paid) | 4a. Article Number<br>2 577 00 9 364<br>4b. Service Type<br>4b. Service Type<br>1 Registered<br>1 Registered<br>2 Express Mail<br>1 Receipt for Merchandise<br>2 Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified<br>2 Free Cortified | I also wish to receive the following services (for an extra fee):         I we can return this         1. □ Addressee's Address         pace does not         2. □ Restricted Delivery         d and the date                                                                                                                                                                                                                                                                                     | 102595-99-B-0223 Domestic Return Receipt | 8. Addressee's Address (Only if requested and<br>fee is paid)                                | 2       57       0       0       3       0         4b. Service Type       Centified         1       Registered       Centified         1       Express Mail       Insured         1       Express Mail       Code         1       Open on the code       Code         1       Express Mail       Code         2       Express Mail <t< td=""><td>I also wish to receive the follow-<br/>ing services (for an extra fee):<br/>1. □ Addressee's Address<br/>2. □ Restricted Delivery<br/>umber</td></t<> | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>umber                                                                                                                                                                                                                                                                                                                                                                                                                               |
| and and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco |                                                                                                                 | for using Return Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | والمستعومين وبالمرا والمتعول                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                              | you for using Return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Is your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                               | DDRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ls                                       | your <u>RETURI</u>                                                                           | N ADDRESS complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature (Addressne or Agent)<br>A.J.J. Arany (Acaica)<br>S Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5. Received By: (Print Name)                                                                                    | 3. Article Addressed to:<br>L.Frank Pierce<br>1513 N. San Mateo Dr<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>Write ' <i>Return Receipt Requested</i> ' on the malipiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered.          | PS Form 3811, December 1994              | 5. Beceived By: (Print/Jame)<br>6. Signature (podfessee or Agent)                            | Ruby Drake<br>1503 S. Cochran<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SENDER:         □ Complete items 1 and/or 2 for additional services.         Complete items 3. 4a, and 4b.         □ Print your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the article number.         □ The Return Receipt will show to whom the article was delivered and the date delivered.         3. Article Addressed to:              |

| ls                                  | your <b>RETURN ADDRESS</b> completed on the reve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | erse side? Is                                                                                            | your <u>RETURN AD</u>                                                                            | DRESS completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PS Form <b>3811</b> , December 1994 | Attach this form to the front of the mailpiece, or on the back if space does not permit.     Write 'Return Receipt Requested' on the mailpiece below the article number.     The Return Receipt will show to whom the article was delivered and the date delivered.     Article Addressed to:     Michael A. Witulski     Michael A. Witulski     Metvin T. Schneider     1509 S. Cochran     Hobbs, NM 88240     Feceived By: (Print Name)     Cochran     Hobbs, NM 88240     Received By: (Print Name)     Gigmature (Addressee or Agent)     Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9999 · · · · · · · · · · · · · · · · ·                                                                   | 5. Received By: (Print Name)                                                                     | 3. Article Addressed to: 4<br>Frank Pierce<br>Eulene Pierce<br>1513 North San Mateo<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SENDER:</b><br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>□ Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>□ Write ' <i>Return Receipt Requested</i> ' on the mailpiece below the article number.<br>□ Write ' <i>Return Receipt will</i> show to whom the article was delivered and the date<br>delivered. |
| 10259                               | e does not<br>e does not<br>le number.<br>d the date<br>d the date<br>$2. \square$ Restricter<br>$2. \square$ Re | 102595                                                                                                   |                                                                                                  | 4a. Article Numb<br><i>2577</i><br>4b. Service Type<br>4b. | an return thi<br>does not<br>number.<br>the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 102595-99-B-0223                    | Particle Number<br>Article Number<br>$2 \square Re Pegistered Pegistered Pegistered Period Delivery 4 \cdot 7 \cdot 9 \cdot 9 \cdot 9 \cdot 9 \cdot 9 \cdot 10^{-10}(ddressee's AddressPeriod National Statements of Delivery4 \cdot 7 \cdot 9 \cdot 9 \cdot 9 \cdot 10^{-10}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | id)                                                                                              | for A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ĺ                                   | ] Restricte<br>DC<br>Merchandis<br>$\frac{4}{7}$<br>ress (Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Domes<br>b wish to r<br>ervices (fr                                                                      | ess (Only                                                                                        | oo 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ervices (fr<br>Addresse<br>Restricte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Domestic Return Receipt             | Pestricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ozza Domestic Return Receipt<br>I also wish to receive the follow-<br>ing services (for an extra fee):   | Dete of Delivery<br>Addressée's Address (Only if requested and<br>fee is paid)                   | 3S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t also wish to receive the follow-<br>ing services (for an extra fee):<br>1. ☐ Addressee's Address<br>2. ☐ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                       |
| n Receipt                           | filed and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Receipt<br>follow-<br>1 fee):                                                                            |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , Š                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <br>                                | Thank you for using Return Receipt Servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                  | or using Return Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | کار ایک رمید المحل میں الوم الک <del>ما</del> ل                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PS Form <b>3811</b> , December 1994 | a value of this form to the front of the malipiece, or on the back if space does not<br>permit.<br>Write 'Peturn Receipt Requested' on the malipiece below the article number.<br>The Return Receipt Mill show to whom the anticle was delivered and the date<br>delivered.<br>3. Article Addressed to:<br>Jimmy James Jones<br>Billy E. Walker<br>1411 S. Turner<br>Hobbs, NM 88240<br>5. Vereived By: (Print Name)<br>6. Signature (Addressee or Agent)<br>B. Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PS Form<br>SEND                                                                                          | s your RETURN (I LETVEX CAUTICRAE)<br>5. Received By: (Print Name)<br>1. Clause Charles or Agent | DDRESS<br>Lovington, NM 88260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 102595-99-B-0223                    | space does not<br>article number.<br>ed and the date<br>4a. Article Number<br>4b. Service Type<br>□ Registered<br>□ Express Mail<br>日 Registered<br>7. Date of Delivery<br>8. Addresse's Address<br><i>fee is paid</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 102595-99-B-0223                                                                                         | 7. Date of Delivery                                                                              | 4a. Article Numbe<br>2577 0<br>4b. Service Type<br>□ Registered<br>□ Express Mail<br>■ Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | at we can return this space does not anticle number. anticle number.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -B-0223 Domestic Return Receip      | ees not       2. <ul> <li>Restricted Delivery</li> <li>Provide</li> <li>Andresse</li> <li>Andressee's Address</li> <li>Control</li> <li>Service Type</li> <li>Service Type</li> <li>Service Type</li> <li>Service Type</li> <li>Certified</li> <li>Express Mail</li> <li>Insured</li> <li>Return Receipt for Merchandise</li> <li>COD</li> </ul> <li>Date of Delivery</li> <li>Addressee's Address (Only if requested and fee is paid)</li>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -B-0223 Domestic Return Receip<br>I also wish to receive the follow-<br>ing services (for an extra fee): | 's Aboase (Only it bequested and                                                                 | 09 J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                  |

i

| 11, December                                          | 5. Received By: (Print Name)                       | Hobbs, NM 88240                             | David Nance<br>1231 S. Cochran         | 3. Article Addressed to:       | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>primit.<br>Hits of the the front of the mailpiece, or on the back if space does not<br>primit.<br>The Return Receipt Requested on the mailpiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered. | PS Form <b>3811</b> , December 1994      | 6. ylgnature/Addressee & Ageni) | Downing Day (Doint Mono)    | Hobbs, NM 88240                | ran                   | Donna Erwin           | Addressed to:            | <ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Attach this form to the front of the mailpiece or on the back if space does not permit.</li> <li>The Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3 4a and 4b   |
|-------------------------------------------------------|----------------------------------------------------|---------------------------------------------|----------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|-----------------------------|--------------------------------|-----------------------|-----------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1025 <del>05-99-B-</del> 0223 Domestic Return Receipt | 8. Addressee's Address (Ohly if requested and hank | T. Datest View Name (Insured Strengthering) | e<br>Sectified                         | Article Number<br>2577 009 336 | I also wish to receive the follow-<br>ing services (for an extra fee):<br>a does not<br>a does not<br>a number.<br>the number.                                                                                                                                                                                                                                                                                                                                                                                                                                     | 102595-99-B-0223 Domestic Return Receipt | (ee) is paid)<br>Than           |                             | Return Receipt for Merchandise | Registered Acertified | 100 000               | 4a. Article Number       | • can return this       1. <ul> <li>Addressee's Address</li> <li>e does not</li> <li>2.              <ul></ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I also wish to receive the follow-<br>ing services (for an extra fee):                        |
| ls y                                                  |                                                    | RN ADDRES                                   |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                        | s your <u>RET</u>               | URN AD                      | DRES                           | <u>S</u> .coi         | nple                  | eted                     | on the revers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e side?                                                                                       |
| 10                                                    | _1\n                                               |                                             |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                 |                             |                                |                       |                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |
| PS Form <b>3811</b> , December 1994                   | 5. Received By: (Print Name)<br>(                  | Hobbs, NM 88240                             | Gloria Chavez Belar<br>1227 S. Cochran | 3. Article Addressed to:       | <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>                              | PS Form <b>3811</b> , December 1994      | Signature                       | 5 Received By: (Print Name) | Hobbs, NM 88240                | 1233 S. Cochran       | Esneranza C. Doduizou | 3. Article Addressed to: | <ul> <li>Print your name and address on the reverse of this form so that we can return card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>If a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data a data data a data</li></ul> | SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>Complete items 3 4a and 4b |

| Is your RETURN ADDRESS completed on the reverse side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:         □ Complete items 1 and/or 2 for additional services.         □ Complete items 3, 4a, and 4b.         □ Derint your name and address on the reverse of this form so that we can return this card to you.         □ Attach this form to the front of the mailpiece, or on the back if space does not permit.         □ Write "Feturn Receipt Requested" on the mailpiece below the article number.         □ The Becelpt will show to whom the article was delivered and the date delivered.         3. Article Addressed to:         Richard Dwain Etheridge         Rose Hester         1215 S. Cochran         Hobbs, NM 88240         5. Becelived By: (Print Warne);         Ø: Signature (Addressee or Agent)         9: Form 3811, December 1994 | arns 1 and/or 2 for additional services.<br>arne 3. 4a, and 4b.<br>arne and address on the reverse of this form so that we<br>orm to the front of the malipiece, or on the back if space<br><i>m</i> Receipt Will show to whom the article was delivered an<br>fressed to:<br>arressed to:<br>arres |
| can return this<br>a does not<br>a does not<br>a does not<br>a dathe date<br>4a. Article Number<br>4b. Service Type<br>4b. Service Type<br>4b. Service Type<br>T. Date of Delivery<br>7. Date of Delivery<br>6. Addressee's Ad<br><i>fee is paid</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wish to reing services (for e does not e date       1. $\Box$ Addresse         e does not       2. $\Box$ Restricter         e number.       2. $\Box$ Restricter         e number.       2. $\Box$ Restricter         dathe date       2. $\Box$ Restricter         4b. Service Type       10. Express Mail $\Box$ Return Receipt for Merchandise       7. Date of Delivery $\gamma$ . $2 - \xi g$ 9. Addresse (Only right)         fee is paid       102595-99-8-0223       Domes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Addressee's Address<br>Addressee's Address<br>Restricted Delivery<br>Good 33<br>Good 33<br>Good 1000<br>Insured<br>Insured<br>Insured<br>Insured<br>Insured<br>Insured<br>Insured<br>Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | wish to receive the fo<br>avvices (for an extra fe<br>Addressee's Address<br>Restricted Delivery<br>Restricted Delivery<br>Certifie<br>Insured<br>Insured<br>Insured<br>Bass (Only if requested<br>Domestic Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lalso wish to receive the following services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         ber         0. ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery<br>2. □ Restricted Delivery<br>2. □ Restricted Delivery<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Is your <u>RETURN ADDRESS</u> completed on the reverse side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print you: name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write 'Rerum Receipt Requested' on the mailpiece balow the antice the return Receipt Will show to whom the anticle was delivered at delivered.</li> <li>3. Article Addressed to:</li> <li>Beatrice Baiza 1221 S. Cochran Hobbs, NM 88240</li> <li>5. Received By: (Print Name)</li> <li>6. Signature (Addressee or Agent) r</li> <li>PS Form 3811, December 1994</li> </ul>                                                                            | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we card to you.         Attach this form to the front of the malipiece, or on the back if space permit.         Write " <i>Recurr Receipt Requested</i> " on the malipiece below the article The Return Receipt will show to whom the article was delivered and delivered.         3. Article Addressed to:         Richard L. Bailey 1209 S, Cochran Hobbs, NM 88240         5. Received By (Print Name)         6. Signature (Addressee or Agent)         PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SENDE<br>Comple<br>Print you<br>card to<br>card to<br>card to<br>card to<br>card to<br>permit.<br>The Rei<br>I<br>The Rei<br>I<br>S. Receiv<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H<br>H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

l ì

| I also wish to receive the following services (for an extra fee):         1: <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APP 1                                            | dressee's Address (Orily if requested and<br>is paid)<br>USPS<br>102595-99-B-0223 Domestic Return Receipt         | an out of the collow-ing services (for an extra fee):         can return this         a does not         a Anticle Number         d he date         d he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.</li> <li>Complete items 4, 4b.<td>ment Department</td><td>5. Received By: (Print Name) 2. 19.40<br/>6. Signature (Addressee or Agent)<br/>PS Form <b>3811</b>, December 1994</td><td>Is your       SENDER:         Complete terms 1 and/or 2 for additional services.         Complete terms 3, 4a, and 40.         Complete terms 1, and/or 2 for additional services.         Complete terms 3, 4a, and 40.         Densitie terms 3, 4a, and 40.         Complete terms 1, and/or 2 for additional services.         Complete terms 1, and/or 2 for additional services.         Complete terms 1, and/or 2 for additional services.         Complete terms 1, and 40.         Drive terms receipt Haquested on the malpices, or on the back if space dees not set and the date oblivered.         Drive terms receipt Haquested to:         Drive terms receipt Will show to whom the anticle was delivered and the date oblivered.         3. Article Addressed to:         Drive terms receipt Will Show to whom the anticle was delivered and the date oblivered.         3. Article Addressed to:         Drive terms receipt Will Show to whom the anticle was delivered and the date oblivered.         3. Article Addressed to:         Districted.         Districted.         Distribution         Distribution         Distribution         Distribution         Distribution         Distribution         Distribution         Distribution         Districe Quality         &lt;</td></li></ul> | ment Department                                  | 5. Received By: (Print Name) 2. 19.40<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994 | Is your       SENDER:         Complete terms 1 and/or 2 for additional services.         Complete terms 3, 4a, and 40.         Complete terms 1, and/or 2 for additional services.         Complete terms 3, 4a, and 40.         Densitie terms 3, 4a, and 40.         Complete terms 1, and/or 2 for additional services.         Complete terms 1, and/or 2 for additional services.         Complete terms 1, and/or 2 for additional services.         Complete terms 1, and 40.         Drive terms receipt Haquested on the malpices, or on the back if space dees not set and the date oblivered.         Drive terms receipt Haquested to:         Drive terms receipt Will show to whom the anticle was delivered and the date oblivered.         3. Article Addressed to:         Drive terms receipt Will Show to whom the anticle was delivered and the date oblivered.         3. Article Addressed to:         Drive terms receipt Will Show to whom the anticle was delivered and the date oblivered.         3. Article Addressed to:         Districted.         Districted.         Distribution         Distribution         Distribution         Distribution         Distribution         Distribution         Distribution         Distribution         Districe Quality         <                                                                                                                                                                                                                                                                                                                                                                                                               |
| follow-<br>fee):<br>ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I 🔍 I ñ ZGaO I 🦉                                 | and<br>Receipt                                                                                                    | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>□ Complete items 3, 4a, and 4b.<br>□ Print your name and address on the reverse of this form so that we can return this card to you.<br>□ Print your name and address on the reverse of this form so that we can return this and this form to the front of the malipiece, or on the back if space does not permit.<br>□ Write "Return Receipt Mequested" on the malipiece below the article number.<br>□ Brint card to you.<br>□ Write "Return Receipt Metuseto" on the malipiece below the article number.<br>□ Restricted Delivery and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e KE, NG<br>Free Instandise Co<br>end PR 0 5 199 | 8. Addressee's Address (Only if requested and<br>fee is paid) UGPG<br>102595-99-B-0223 Domestic Return Receipt    | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 3, 44, and 40.         Drivin Your name and address on the reverse of this form so that we can return this and address on the reverse of this form so that we can return this address on the reverse of this form so that we can return this address on the reverse of this form so that we can return this address on the reverse of this form so that we can return this address on the reverse of this form so that we can return this address on the reverse of this form to the form of the malipiece, or on the back if space does not perform the address on the reverse address on the realipiece below the addres       1. addressee's Address         Divin Stream Receipt will show to whom the addite wead down the addres       1. addressee's Address       2. addressee's Address         Divin Stream Receipt will show to whom the addite wead down the date delivered       1. addressee's Address       3. addressee's Address         Divin Stream Receipt will show to whom the addite was delivered and the date delivered       1. addressee's Address       3. addressee's Address         Trancis La Cass       1.131 S. Cochran       1. Besite of the transition of the delivered down the receiver the fourther       1. addressee's Address       3. address         Stericie Addressee or Agenth       3. Addressee's Address (Only if requested and the is paid)       1. addressee's Address (Only if requested and the is paid)       3. address address       3. addresse's Address (Only if requested and the is paid)         Ste |

|                                                                                                                                                                                                                                                                                                                |                                                                        | وخ         | SENDER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 alan udah sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai seb |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------|
|                                                                                                                                                                                                                                                                                                                | l also wish to receive the follow-<br>ing services (for an extra fee): | pis es     | Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | e):          |
| <ul> <li>Print your ranse and address on the reverse of this form so that we can return<br/>card to you.</li> <li>Datach this form to the front of the maliplece, or on the back if space does not<br/>demil.</li> <li>Divine "Return Receipt Requested" on the maliplece below the article number.</li> </ul> | 1.        Addressee's Address         2.        Bestricted Delivery    | the revers | Chird your name and address on the reverse of this form so that we can return this card to you.<br>Card to you.<br>O Attach this form to the front of the mailpiece, or on the back if space does not parmit.<br>Darmit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | can return this<br>a does not<br>a number.<br>A ddressee's Address<br>2.<br>Restricted Delivery<br>te number.   |              |
| fee                                                                                                                                                                                                                                                                                                            |                                                                        | ~~~~       | delivered.<br>3. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4a. Article Number                                                                                              |              |
| Dr. Jav Sorenson                                                                                                                                                                                                                                                                                               |                                                                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | ┦,           |
|                                                                                                                                                                                                                                                                                                                | Express Mail Insured                                                   | • • •      | Southwestern Public Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Express Mail                                                                                                    | -            |
| Albuqurque, N.M. 87110                                                                                                                                                                                                                                                                                         | for Merchandise COD                                                    |            | Amarillo, TX 79170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X Return Receipt for Merchandise □COD<br>7. Date of Delivery - 5 APR 10                                         | 660          |
| (                                                                                                                                                                                                                                                                                                              | 55.                                                                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |              |
| 5. Received By: (Prinklame)                                                                                                                                                                                                                                                                                    | ess (Only if requested and                                             |            | 5. Received By: (Print Name)<br>W. (1 / (9 4) ) / 4 ar t- CV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ol> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> </ol>                                 | and          |
| 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                              | <b>T</b>                                                               | e Xont<br> | 6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |              |
| PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                            | 102595-99-B-0223 Domestic Return Receipt                               |            | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 102595-99-B-0223 Domestic Return Receipt                                                                        | eceipt       |
| ne an ann an Anna an Anna an Anna an Anna an Anna an Anna an Anna Anna Anna Anna Anna Anna Anna Anna Anna Anna                                                                                                                                                                                                 |                                                                        | l          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |              |
|                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee)  | epis       | SENDER:<br>□ Complete items 1 and/or 2 for additional services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):                                          | llow-<br>e): |
|                                                                                                                                                                                                                                                                                                                |                                                                        | ~- ~-      | Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | Ì            |
| card to you.<br>Determine this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Divine "Return Receipt Requested" on the mailpiece below the and a number.                                                                                                                   | 1. L Addressee's Address<br>2. D Restricted Delivery                   | the rev    | Datach from to the front of the malipiece, or on the back if space does not permit. Detmit: "Return Receipt Requested" on the malipiece below the article number. DTh Return Receipt Millshow to whom the article was delivered and the rhards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e does not<br>2.   Restricted Delivery<br>anomber.                                                              |              |
| 1                                                                                                                                                                                                                                                                                                              |                                                                        |            | deliver source receiption and a source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of th | da Articla Nimber                                                                                               |              |
| 3. Article Addressed to:                                                                                                                                                                                                                                                                                       | 7009303                                                                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 377 009 281                                                                                                   | -            |
| conter Rail                                                                                                                                                                                                                                                                                                    |                                                                        |            | NM Water Well Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registered                                                                                                      | -            |
|                                                                                                                                                                                                                                                                                                                | C Express Mail                                                         |            | 1205 California NE<br>Albuquerque, NM 87110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Beturn Receipt for Merchandise COD                                                                              |              |
| Albuquerque, NM 0/040                                                                                                                                                                                                                                                                                          | 7. Date of Delivery                                                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Delivery 4-2-8                                                                                       | CF           |
| 5. Deceived By: (Print Name)                                                                                                                                                                                                                                                                                   | Address (Only if requested and                                         |            | 5. Received by (Prijht Namte)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8. Addressee's Address (Only if requested and<br>fee is paid)                                                   | and .        |
| E (E. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                           |                                                                        | inoń s     | 6. Signature (Addrøšsee ör Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |              |
| PS Form                                                                                                                                                                                                                                                                                                        | 102595-99-B-0223 Domestic Return Receipt                               | l<br>      | PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 102595-99-B-0223 Domestic Return Receipt                                                                        | eceipt       |
|                                                                                                                                                                                                                                                                                                                |                                                                        | -          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |              |

| ź                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 1                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-ing services (for an extra fee):         s         1       Addressee's Address         2.       □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Number         2       577       0.09       357         4b. Service Type       ■       ■       ■         4b. Service Type       ■       ■       ■         1ab. Service Type       ■       ■       ■         2b. Service Type       ■       ■       ■         1ab. Service Type       ■       ■       ■       ■         1ab. Service Type       ■       ■       ■       ■       ■         1b. Service Type       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■ | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-8-0223 Domestic Return Receipt | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not<br>d the date         1. □ Addressee's Address<br>a does not<br>d the date         2. □ Restricted Delivery<br>e number         4a. Article Number         4b. Service Type         1 Begistered         1 Begistered         1 Begistered         1 Detworp de number         2. □ Restricted Delivery         4a. Article Number         7. Date of Defwely         8. Addressee's Address (Only if requested and<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| can return this<br>9 does not<br>e number .<br>1d the date                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4a. Article Number<br>4b. Service Type<br>Begistered<br>Express Mail<br>7. Date of Pelivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Addressee<br>fee is paid)<br>102595-99                                                                 | a can return this<br>a does not<br>a humber.<br>de number.<br>de is paid)<br>fee is paid)<br>12555-99-802                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Datach this form to the front of the malipiece, or on the back if space does not permit.</li> <li>Unite Return Receipt Requested* on the malipiece below the article number.</li> <li>The Return Receipt Requested* on the article was delivered and the date date</li> </ul> | ddressed to:<br>avid Soria<br>609 S. Cochran<br>Iobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. Received By: (Print Name)<br>6. Stanaturg (Addressee or Agent)<br>P8 Form 3811, December 1994          | SENDER:       Complete tierns 1 and/or 2 for additional services.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 3, 4a, and 4b.         Complete tierns 3, 4a, and 4b.       Complete tierns 4b.         Completed on the front of the malipiece, or on the back if space does not permit.       Diffe Return Receipt will show to whom the article was delivered and the date delivered tierns for the malipiece below the article number.         Notice Addressed to:       3. Article Addressed to:       4a. Anticle Number.         Ronnie Dudley Thorp       Ronnie Dudley Thorp       4b. Service 1         Rut T Family Trust       1180 Avenida Ellena       7. Date of De         S. Received By: (Print Name)       6. Signature (Addressee or Agent)       7. Date of De         For 367, Date of De       For 367, DA       7. Date of De |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | you for using Return Reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I also wish to receive the follow-<br>ing services (for an extra fee):         nis       1. □ Addressee's Address         2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                  | Number<br>577 009 350<br>e Type<br>ared<br>s Mail<br>acertified<br>acertified<br>acertified<br>belivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | led and<br>n Receipt                                                                                      | I also wish to receive the follow-<br>ing services (for an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Constructed Delivery</li> <li>Constructed Delivery</li> <li>Constructed Delivery</li> <li>Constructed Delivery</li> <li>Errod</li> <li>Delivery</li> <li>Delivery</li> <li>Delivery</li> <li>Delivery</li> <li>Delivery</li> </ul> Delivery         Delivery             Bese 5 Address (Only if requested and aid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S C O O O O O O O O O O O O O O O O O O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ted and<br>n Receipt                                                                                      | e):<br>and<br>and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| I also wish to receive the following services (for an extra fee):         iis         1.           2.           1. Bestricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 44 Article Number<br>4. Service Type<br>D. Registered<br>Express Mail<br>Filture Delivery <i>R</i> , <i>C</i> , <i>Date of Delivery</i>                                                                                                                                                           | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>tozses-ee-e-o223 Domestic Return Receipt                             | 1       also wish to receive the follow-<br>ing services (for an extra fee):         can return this       1. [] Addressee's Address<br>a does not         a solution       1. [] Addressee's Address<br>a does not         a Addressee's Address<br>a does not       2. [] Restricted Delivery<br>a mumber         a Addressee's Address<br>a does not       2. [] Restricted Delivery         a Addressee's Address<br>a does not       2. [] Restricted Delivery         a Addressee's Address       43.         Athole Number       43.         Athole Number       43.         Athole Number       43.         Athole Number       43.         Athole Of Delivery       43.         Athole Number       10.         Athole of Delivery       10.         Athole of Delivery       10.         Addressee's Address (Only if requested and<br>fee is paid)       102595-99-8-0223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Donyour name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the maltplece, or on the back if space does not<br>permit.<br>The Return Receipt Requested" on the maltplece below the article number.<br>The Return Receipt Requested" on the maltplece below the article number.                                                                                                                                                                                                                                                                                                                                                                                                                      | ddressed to:<br>Jarence Stevenson<br>17 W. Palace<br>Iobbs, NM 88240                                                                                                                                                                                                                              | 5. Received By: (Print Narpe)<br>(Contended and Anticence<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994 | SENDER:       I al         SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 5, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 5, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 5, 4a, and 4b.       Complete items 4b.         Complete items 5, and 4b.       Complete items 4b.         Divite Flatum Receipt will show to whom the article was delivered and the date         Divite Flatum Receipt will show to whom the article was delivered and the date         James F Smith       4b. Service Type         James F Smith       4b. Service Type         James F Smith       4b. Service Type         James F Smith       7b. M. Anticle Number         James F Smith       7b. Service Type         James F Smith       7b. Service Type         James F Smith       7b. M. Anticle Number         S. Beceived By: (Print Name)       7. Date of Delivery         S. Signature (Addressee or Agent)       7. Date of Delivery         S. Signature (Addressee or Agent)       7. Date of Delivery         S. Signa                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | you tor using Return Reco                                                                                                                                                                                                                                                                         | ميوريدرين والدميط بحاانو مصموت                                                                                                        | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SENDER:       1 also wish to receive the follow-<br>Complete items 1 and/or 2 for additional services.         D Complete items 3, 4a, and 4b.       1 also wish to receive the follow-<br>ing services (for an extra fee);         D Print your name and address on the reverse of this form so that we can return this<br>card to you.       1 also wish to receive the follow-<br>ing services (for an extra fee);         D Print your name and address on the reverse of this form so that we can return this<br>card to you.       1 also wish to receive the follow-<br>ing services (for an extra fee);         D Write 'Return Receipt Requested" on the malipiece below the article number.       2. <ul> <li>Restricted Delivery<br/>doivered.</li> <li>D More date</li> </ul> | 4a. Article Number       4a. Article Number         2       577       009       403         4b. Service Type       Recrifted       1000         1       Registered       1000       1000         1       Express Mail       1000       1000         1       Date of Pelivery       000       1000 | 8. Addresse's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                              | SENDER:       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete terms 1 and/or 2 for additional services.       Complete terms 1 and/or 2 for additional services.         Complete terms 1 and/or 2 for additional services.       Complete terms 1 and/or 2 for additional services.         Complete terms 1 and/or 2 for additional services.       Complete terms 1 and/or 2 for additional services.         Complete terms 1 and/or 2 for additional services.       Print (additional services)         Complete terms 1 and/or 2 for an extra fee):       I also wish to receive the follow-<br>ing services (for an extra fee):         Driving frequencied       Additessed or       I additessed         Owing frequencied       I addite number:       I additessed         Owing frequencied       Article Addressed to:       I additessed to:         Joyce M Savell       I begistered       Presenter Mail         Joyce M Savell       I begistered       Presenter Mail         Joyre M Savell       I betor of Delivery |

Sebis early on the completed on the reverse side?

ł

ł

Т

İ

Is your RETURN ADDRESS completed on the reverse side?

ł

L.

| I also wish to receive the follow-<br>ing services (for an extra fee):         atum this         1.         Addressee's Address<br>not         2.         Det.         bet.         bate                                                                                                                                                                                                           | 4a. Article Number<br>2577 DO9 499<br>4b. Service Type<br>Bregistered<br>Express Mail<br>Express Mail<br>1. Date of Delivery U, 6.49 | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-8-0223 Domestic Return Receipt                                                           | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not<br>does not       I. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Bestricted Delivery</li> <li>Bestricted Number</li> <li>Addressee's Address</li> </ul> 4a. Article Number       V 3 2         4b. Service Type       M 2 3         Carticle Number       V 3 2         7. Date of Delivery       D 1         7. Date of Delivery       D 1         8. Addresse 's Address (Dni) if requested and<br>fee is paid)       10         102595-93-B-0223       Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1, and 40.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>D'Ine Return Receipt will show to whom the article was delivered and the date<br>delivered. | 3. Article Addressed to:<br>Robert Summers<br>c/o J.W. Neal<br>PO Box 278<br>Hobbs, NM 88240                                         | 5. Received By: (Print Name)<br>6. Standaure (Addreadee or Agent)<br>PS Form 3811, December 1994                                                                    | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>card to you.<br>Datach this form to the front of the malpiceo, or on the back if space<br>datach this form to the front of the malpiceo, or on the back if space<br>ard to you.<br>Datach this form to the malpiceo, or on the back if space<br>datach this form to the front of the malpiceo, or on the back if space<br>and to you.<br>Datach this form to the malpiceo, or on the back if space<br>datach this form to the front of the malpiceo, or on the back if space<br>datach this form to the malpiceo, or on the back if space<br>datach this form to the malpiceo, or on the back if space<br>datach the form flatter of the malpiceo, or on the back if space<br>dataches dataches dat |
|                                                                                                                                                                                                                                                                                                                                                                                                    | you for using Return Rec                                                                                                             | Is your RETU                                                                                                                                                        | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. ☐ Addressee's Address<br>2. ☐ Restricted Dellvery                                                                                                                                                                                                                                                                     | ooog 420<br>pecertitied<br>□Insured<br>r Merchandise □COD                                                                            | 's Address (Only if requested and<br>-B-0223 Domestic Return Receipt                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         2. □ Restricted Delivery         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P         P       P      <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| in return this<br>oes not<br>he date                                                                                                                                                                                                                                                                                                                                                               | 4a. Article Number<br>2. 577<br>4b. Service Type<br>□ Registered<br>Express Mail<br>Prieturn Receipt to<br>7. Date of Deliyery       | Addressee<br>fee is paid<br>102595-95                                                                                                                               | can return this<br>a does not<br>e number.<br>e number.<br>a dite date<br>dite date<br>dite date<br>dite date<br>a Article Number<br>dite date<br>a Article Number<br>D Registered<br>7. Date of Deliver<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Atlach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>D The Return Receipt Will show to whom the article was defivered and the date<br>defixed. | 3. Article Addressed to:<br>Lupe Huerta<br>621 E. Llano<br>Hobbs, NM :88240                                                          | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agrin)<br>6. Signature (Addressee or Agrin)<br>7. C.C.C. K. C.C.C. Agrin)<br>PS Form 3811, December 1994 | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this card to you.       Print your name and address on the reverse of this form so that we can return this card to you.         I additional services.       Complete items 3, 4a, and 4b.       Print your name and address on the reverse of this form so that we can return this card to you.         I additional services.       I additional services or on the back if space does not permit.       Print Pacurasted* on the malpiece below the article number.         I the Return Receipt will show to whom the article was delivered.       I the Gate date delivered.       4a. Article N         I the Return Receipt will show to whom the article was delivered.       I addressed to:       14a. Service         I the Return Receipt will show to whom the article was delivered.       I addressed to:       15. Peceled By:         J albuque rque, NM       B7110       7. Datg of D         Albuque rque, NM       B7110       7. Datg of D         S. feceled By:       Print Name)       7. Datg of D         S. Software Second Doma Receare Dr. Agent)       7. Datg of D         S. Maddressee Dr. Agent)       7. Datg of D         S. Software Second Doma Receare Dr. Agent)       7. Datg of D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3.4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>D Write "Return Receipt Requested" on the mailpiece below the article number.<br>D Write "Return Receipt Mill show to whom the article was delivered and the date<br>delivered. | 1 also wish to receive the follow-<br>ing services (for an extra fee):         this         1.          Addressee's Address         2.          Pestricted Delivery                                                                                     | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Dive Preturn Receipt Requested* on the mailpiece below the article number.<br>Dive Petturn Receipt Requested* on the mailpiece below the article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 3. Article Addressed to:<br>Regional Forester<br>USFS Regional Office<br>517 Gold Avenue SW                                                                                                                                                                                                                                                                                                                                                                                                                                                   | r Manahalisé - Toop                                                                                                                                                                                                                                     | 3. Article Addressed to:<br>Director<br>Albuquerque Environmental He<br>P. O. Box 1293                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r Merchandise                                                                                          |
| Albuquerque, NM 87102<br>5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. Date of Deliver 2 Addresse's Addresse's Addresse's Addresse's Address (Omogouested and fee is paid)                                                                                                                                                  | Albuquerque, NM 87103 65 60 12<br>5. Received By: (Print Name) 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date of Delivery<br>Addressee's Address (Only If requested and<br>fee is paid)                         |
| PS Form <b>3811</b> , December 1994<br>SENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         | PS Form <b>3811</b> (6ccember 1994) 102595-99-84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2223 Domestic Return Receipt<br>also wish to receive the follow-                                       |
| <ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a ad 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the malipiece, or on the back if space does not permit.</li> <li>White "Return Receipt Requested" on the malipiece below the article number.</li> <li>The Return Receipt Will show to whom the article was delivered and the date delivered.</li> </ul>                                   | we can return this the differences (root an extra tee):<br>we can return this 1.                                                                                                                                                                        | <ul> <li>D Complete thems 1 amound 2 for additional services.</li> <li>Complete tierns 3, 4a, and 4b.</li> <li>Affaction to the reverse of this form so that we can return this card to you.</li> <li>Affaction to the front of the malipiece, or on the back if space does not permit.</li> <li>D'file "Petrum Receipt Requested" on the malipiece below the article number.</li> <li>D'file "Petrum Receipt Will show to whom the article was delivered and the date delivered.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery               |
| 3. Arlicle Addressed to:<br>J.W. Neal<br>Will Terry Trust<br>PO Box 278<br>Hobbs, NM 88241                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a. Article Number     4a. Article Number       2.577     OOP       4b. Service Type     MC entified       1 Registered     MC entified       1 Express Mail     Insured       Preturn Receipt for Merchandise     ICOD       7. Date of Delivery     6 | Article Addressed to:<br>2. Article Addressed to:<br>2. Article Number<br>Director Water Resources Dept.<br>P. O. Box 1293<br>P. O. Box 1293<br>Albuquerque, NM 87103<br>Albuquerque, ue, NM 87103<br>Albuquerquerquerquerquerquerquerquerquerque | r Merchandise                                                                                          |
| 5. Received By: (Print Name)<br>6. Songtupe (Analigesee or Agent)<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                              | Addressee's Address (Only if requested and<br>lee is paid)     Ide is paid)     102595-99-B-0223 Domestic Return Receipt                                                                                                                                | 5. Received By: (Print Name) 5<br>6. Signature Addressee or Agent) 24<br>PS Form 3811, Becember 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Addressee's Address (Only if requested and<br>the is paid)<br>102595-99-B-0223 Domestic Return Receipt |

| an return this       I also wish to receive the follow-<br>ing services (for an extra fee):         can return this       I. <ul> <li>Addressee's Address</li> <li>a does not</li> <li>a lestricted Delivery</li> <li>a mumber.</li> <li>b service Type</li> <li>b service Type</li> <li>a mumber.</li> <li>b Service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>d service Type</li> <li>c service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <l< th=""><th>1 also wish to receive the follow-<br/>ing services (for an extra fee):         a can return this         a does not         a number         1. □ Addressee's Address         a number         4a. Article Number         4b. Service Type         1 Begistered         1 Express Mail         1 Express Mail         1 Express Mail         1 Insured         1 Bedistered         1 Express Mail         1 Insured         1</th></l<></ul> | 1 also wish to receive the follow-<br>ing services (for an extra fee):         a can return this         a does not         a number         1. □ Addressee's Address         a number         4a. Article Number         4b. Service Type         1 Begistered         1 Express Mail         1 Express Mail         1 Express Mail         1 Insured         1 Bedistered         1 Express Mail         1 Insured         1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Drinty your name and address on the reverse of this form so that we<br>can to you.<br>Attach this form to the front of the maiplece, or on the back if space<br>add to you.<br>Attach this form to the front of the maiplece below the article<br>premut.<br>3. Article Addressed to:<br>Soil and Water Conservation Bureau<br>New Mexico Department of Agriculture<br>Agriculture Programs and Resouces Division<br>Box 30005/APR<br>Las Cruces, New Mexico 88003-8005<br>6. Sphalufe Addressee or Agent)<br>6. Sphalufe Addressee or Agent)<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 3.4. and 4b.         Drini your name and address on the reverse of this form so that we can return this card to you.       Drini your name and address on the reverse of this form so that we can return this card to you.         Drini provide items 3.4. and 4b.       Drini your name and address on the reverse of this form to the front of the malipiece, or on the back if space does not permit.         Drini Patur Receipt Maguested" on the malipiece, or on the back if space does not permit.       Drini Patur Receipt Will show to whom the article was delivered and the date delivered.         Drini Patur Receipt Maguested" on the malipiece below the article number.       Drini Patur Receipt Will show to whom the article was delivered and the date delivered.         Drine Patur Receipt Will show to whom the article was delivered and the date delivered.       Athor Securce Signation Resources         Drine Patry Pearce       Burlington Resources       Ab Service         Dot Galisteo, Suite 101       Santa Fe, NM 87501       7. Date of D         Santa Fe, NM 87501       7. Date of D       Be is pair         6. Signature Bur. (Frint Name)       B. Addressee       Be is pair         6. Signature Bur. (Frint Name)       B. Addressee       Be is pair |
| Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SENDER:       I also wish to receive the follow-ing services.         Complete terms 1 and/or 2 to additional services.       Complete terms 1 and/or 2 to additional services.         Complete terms 3 44, and 4h.       I also wish to receive the follow-ing services.         D Print your name and address on the reverse of this form so that we can return this are do you.       I also wish to receive the follow-ing services.         D Print your name and address on the reverse of this form so that we can return this ing services.       I also wish to receive the follow-ing services.         D Print Yearum Receipt will show to whom the anticle number.       I addresses's Address         D Print Featur Receipt will show to whom the anticle number.       I addressed to:         Article Addressed to:       I addressed to:         Colin Adams       I addressed to:         Brivitornmental Counsel       I address and in date         Brivitor Addressed to:       I addressed to:         Brivitor Address       I address and in date         Brivitor Address       I address         Brivitor Address       I ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SENDER:       1 also wish to receive the follow-ing services.         Complete terms 1 and/or 2 for additional services.       Complete terms 1 and/or 2 for additional services.         Complete terms 3, 4a, and 4b.       Complete terms 1, and/or 2 for additional services.         Complete terms 1, and/or 2 for additional services.       Complete terms 1, and/or 2 for additional services.         Complete terms 1       Complete terms 1         Complete terms 1       Completermonterms 1                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, and 4b.<br>Complete items 3, and 4b.<br>Complete items 3, and 4b.<br>Complete items 3, and 4b.<br>and to you.<br>Mite 'Raturn Receipt Maturestor' on the maiplece, or on the back<br>permit.<br>White 'Raturn Receipt Maturestor' on the maiplece, or on the back<br>permit.<br>The Return Receipt Maturestor' on the maiplece, or on the back<br>permit.<br>The Return Receipt Maturestor' on the maiplece, or on the back<br>permit.<br>The Return Receipt Maturestor' on the maiplece, or on the back<br>defineted.<br>3. Article Addressed to:<br>3. Article Addressed to:<br>The Return Receipt Maturestor<br>P. O. Box 2267<br>Albuquerque, NM 871103<br>6. Signature, Mddressee or Age(1)<br>6. Signature, Mddressee or Age(1)<br>P. Permite Maturestor<br>P. Corm 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to your name and address on the reverse of this form so that we can return this<br>dated by the number of the malipiece, or on the back if space does not<br>permit.<br>Different Receipt Requested* on the malipiece below the article number.<br>Divine "Return Receipt will show to whom the article was delivered and the date<br>delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this         1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on the reverse side                         | 2 for additional services.<br>d 4b.<br>ess on the reverse of this form so that we<br>nt of the maipiece, or on the back if spact<br>quested* on the maipiece below the articl<br>how to whom the article was delivered ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):<br>um this<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>3. Article Addressed to:<br/>Lupe Rodriguez</li> <li>Rodriguez 1997 Living Trust</li> <li>P O Box 3563</li> <li>Saratoga, CA 95070</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Number<br>4b. Service Type<br>□ Registered<br>□ Registered<br>□ Express Mail<br>Franced for Marchandise □ COD<br>7. Date of Delivery<br>7. Date of Delivery<br>1. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | you tor using Return Re                     | ddressed to:<br>y E Fortner<br>ert Fortner<br>Box 1143<br>bs, NM 882411143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4a. Article Number<br>4b. Service Type<br>Begistered<br>Express Mail<br>X Date of Deliyery<br>7. Date of Deliyery<br>7. Date of Deliyery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Received By, (Print Name)<br>Ocr Dq ra Colorigue 22<br>6. Signathere (Antressee of Agent)<br>Courtance Angent<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B. Addresse's Address (Only if requested and<br>fee is paid)<br>102585-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Is your BETU                                | P. Foreives/By: (Print Name) - 8. Add<br>S. Sighature (Addressee of Agent)<br>P. Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 3, 4a, and 4b.         Drin your mane and address on the reverse of this form so that we can return this card to you.       Drin your mane and address on the reverse of this form so that we can return this card to you.         Drint Partur Receipt Will show to whom the anticle was delivered and the date the manual addressed to:       Drint anticle number.         Attach this form to the front of the malipiece below the anticle number.       Drint anticle number.         Attach this form to be front of the malipiece below the anticle number.       Drint anticle number.         Don & Mary White       Attach this form the atticle was delivered and the date delivered.         Baber Well Servicing Co       Don & Mary White         Baber Well Servicing Co       Draw of D         Hobbs, NM 88240       7. Date of D         Form Bert, Perceived By: (Print Name)       8. Addresses         Form Bert, Percenter By the comber By the services       9. Addresses | I also wish to receive the follow-<br>ing services (for an extra fee):         a can return this<br>a can return this         a can return this         a can return this         a can return this         1. <ul> <li>Addressee's Address</li> <li>Be anumber</li> <li>C I Restricted Delivery</li> <li>Addresse</li> <li>Addressee's Address</li> <li>C I Restricted Delivery</li> <li>C I Restricted Delivery</li> <li>Addresses and I</li> <li>Insured</li> <li>Insured</li> <li>Express Mail</li> <li>Insured</li> <li< td=""><td>Thank you for using Return Receipt Service.</td><td>SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.         Print your name and address on the reverse of this form so that we can return this care to you.       Demonstrate and address on the reverse of this form so that we can return this care to you.         Datash this form to the front of the mailpiece, or on the back if space does not seen to you.       Match this form to the front of the mailpiece below the atticle number.         Dwite "Return Receipt Will show to whom the article was delivered and the date delivered.       Atticle Addressed to:         Article Addressed to:       Atticle Addressed to:         Article Addressed to:       Atticle Addressed to:         Article Addressed to:       Atticle Addressed to:         Box 1040       Atticle Addressed to:         Ford Addressed to:       Atticle Addressed to:         Box 1040       Atticle Addressee or Agen)         S. Received By: (Print Name)       B. Addressee         S. Signature Addressee or Agen)       B. Addressee         S. Signature Addressee or Agen)       Attent</td><td>I also wish to receive the follow-<br/>ing services (for an extra fee):         can return this<br/>a rear return this<br/>does not<br/>dipe date         1.          <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Addressee's Address</li> <li>Addressee's Address</li> <li>Addressee's Address</li> </ul>          4a. Article Number       Addressee's Address         4a. Article Number       Addressee's Address         Aa. Article Number       Addressee's Address         Ab. Service Type       Addressee's Address         Construction       Addressee's Address         Ab. Service Type       Addressee's Address         Construction       Addressee's Address         Ab. Service Type       Addressee's Address         Addressee's Address       Addressee's Address         Addressee's Address       Addressee's Address         Addressee's Address       Addressee's Address</td></li<></ul> | Thank you for using Return Receipt Service. | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.         Print your name and address on the reverse of this form so that we can return this care to you.       Demonstrate and address on the reverse of this form so that we can return this care to you.         Datash this form to the front of the mailpiece, or on the back if space does not seen to you.       Match this form to the front of the mailpiece below the atticle number.         Dwite "Return Receipt Will show to whom the article was delivered and the date delivered.       Atticle Addressed to:         Article Addressed to:       Atticle Addressed to:         Article Addressed to:       Atticle Addressed to:         Article Addressed to:       Atticle Addressed to:         Box 1040       Atticle Addressed to:         Ford Addressed to:       Atticle Addressed to:         Box 1040       Atticle Addressee or Agen)         S. Received By: (Print Name)       B. Addressee         S. Signature Addressee or Agen)       B. Addressee         S. Signature Addressee or Agen)       Attent | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a rear return this<br>does not<br>dipe date         1. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Addressee's Address</li> <li>Addressee's Address</li> <li>Addressee's Address</li> </ul> 4a. Article Number       Addressee's Address         4a. Article Number       Addressee's Address         Aa. Article Number       Addressee's Address         Ab. Service Type       Addressee's Address         Construction       Addressee's Address         Ab. Service Type       Addressee's Address         Construction       Addressee's Address         Ab. Service Type       Addressee's Address         Addressee's Address       Addressee's Address         Addressee's Address       Addressee's Address         Addressee's Address       Addressee's Address |

i I

. . .

. . T

| af asorves.       af asorves.         af asorves.       af asorves.         af asorves.       af asorves.         af asorves.       af asorves.         af asorves.       af asorves.         serves.       af and the term so that we can return this         the antidoe was of this term to that we can return this       the antidoe was of this term to the best if appace of the antidoe was of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term face of the term                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SENDER:       I also wish to receive the follow-         Complete items 1 and/or 2 for additional services.       Complete items 3, 4a, and 4b.         D Print your name and address on the reverse of this form so that we can return this card to you.       I also wish to receive the follow-         D Match this form to the front of the malpiece, or on the back if space does not write "Return Receipt Will show to whom the article was delivered and the date delivered.       I also wish to receive the follow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Number     4a. Article Number     4b. Service Type     4b. Service Type       4b. Service Type     1 Registered     1 Percentified       87120     1 Registered     1 COD       7. Date of Delivery     1 Percentified     1 Percentified | and     B. Addressee's Address     Only if requested and fee is paid)       Agent)     (Delta (Control of the stand))     Addressee's address       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control of the stand))       Agent)     (Delta (Control of the stand))     (Delta (Control | SENDER:       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 3, 4a, and 4b.       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 3, 4a, and 4b.       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 3, 4a, and 4b.       I also wish to receive the follow-<br>our name and address on the reverse of this form so that we can returnithis         I print your name and address on the reverse of this form to the mailpiece, or on the back if space does not<br>of this fratum Receipt Mil show to whom the article was delivered and the date<br>delivered.       I. I addressee's Address<br>1. I addressee's Address<br>2. I Restricted Delivery<br>2. I Restricted Delivery<br>3. Article Addressed to:         Mike Savell       Ab. Service Type<br>5. Bob W. Marr<br>Hobbs, NM 88240       Ab. Services Type<br>1. Registered<br>1. Registered<br>1. Registered<br>1. Return Receipt for Merchandise       DOG         S. Received BV. (Print Name)       Addressel's Address (Driv If remusted and<br>7. Pafe of Delivery       DOP | hell              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| al services.<br>verse of this form so that we<br>plice, or on the back if space<br>the maliplece below the articl<br>the article was delivered an<br>all services.<br>all plices, or on the back if space<br>the maliplece below the articl<br>the article was delivered article<br>the article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered article<br>the article was delivered                                                                                         | eipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 4/2<br>Consured<br>COD<br>COD<br>Mathematical<br>Mon for using Return Reco                                                                                                                                                                                                                                                                                                                                                                                                                      | Thank<br>Is your BETUR<br>Dour BETUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nk you for using Return Receipt Service.<br>URN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Inal 15 Your REI  |
| SENDER:<br>Complete items 1 and/or 2 for add<br>Complete items 3. 4a, and 4b.<br>Complete items 3. 4a, and 4b.<br>Allach this form to the front of the<br>marily marily marked to:<br>The Return Receipt Will Terry Trust<br>5. Article Addressed to:<br>Marily Morrison, CO 8046,<br>Morrison, CO 8046,<br>6. Signature (Addressee on<br>6. Signature (Addressee on<br>6. Signature 1, December 1,<br>PSF Form 3011, December 1,<br>Print your name and address on<br>and to you.<br>Benito Hernander<br>Benito Hernander<br>813 Sayers<br>Hobbs, NM 88240<br>5. Received By: (Print Name)<br>5. Received By: NM 88240<br>Benito Hernander<br>Rosalba Hernander<br>813 Sayers<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Rosalba Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernander<br>Benito Hernande | SENDER:<br>I complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 1, 4a, and 4b.<br>Printy your mane and address on the reverse of this form so that we can return this<br>card to you.<br>Card the form the form the reverse of the form the article was delivered and the date<br>delivered.<br>Card to you.<br>Card the form the form the article was delivered.<br>Card the date | eill Cates<br>ust<br>rook Dr. 0<br>80465                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ame)<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 for additional services.<br>d 4b.<br>ress on the reverse of this form so that we<br>rest on the mailpiece, or on the back if spac<br>quested" on the mailpiece below the artic<br>how to whom the article was delivered ar<br>how to whom the article was delivered artic<br>how to whom the article was delivered artic<br>how to whom the article was delivered artic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | gent)<br>Dalar de |

ł

| I also wish to receive the follow-<br>ing services (for an extra fee):<br>is form so that we can return this<br>the back if space does not<br>as below the article number.<br>2. □ Restricted Delivery<br>was delivered and the date                                                                                                                                                                     | 4a. Article Number<br>4b. Service Type<br>日 Registered<br>日 Express Mail<br>日 Insured<br>7. Date of Delivery                               | 8. Addressee's Address (Orlly if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt | ervices.<br>resolutions.<br>resolutions.<br>resolutions of that we can return this<br>rec. or on the back if space does not<br>ce, or on the back if space does not<br>transiplece below the article number.<br>a article was delivered and the date<br>a article was delivered and the date<br>a districted Delivery<br>4a. Article Number<br>4b. Service Type<br>a Do H a Registered<br>Conn a Recentified<br>B. Addressee's Address<br>a delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Conn a construction of the date<br>a districted Delivery<br>Connection date<br>a districted Delivery<br>a |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                          | ლ<br>დ<br>თ                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                      | Thank you for using Return Receipt Services.         Complete liens 1 and/or 2 for additional services.         Complete liens 3, 4a, and 4b.         Complete liens 1, and/or 2 for additional services.         Complete liens 3, 4a, and 4b.         Complete liens 4, and 4b.         Complete liens 3, 4a, and 4b.         Complete liens 4, and 4b.         Complete liens 5, 4a, and 4b.         Complete liens 4, and 4b.         Complete liens 5, Received by:         Complete liens 5, Received By:         (Print Precenced         3. Article Addressed to:         3. Article Addressee or Agent         Addressee or Agent         Billy E. Baker, Jr.         Addressee or Agent         Billy E. Baker, Jr.         Billy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery 56                                                                                                                                                                                                                                                                        | Vou for using Return Rece<br>Aerchandise                                                                                                   | ested and<br>turn Receipt                                                                                  | the follow-<br>atra fee):<br>ddress<br>very<br>very<br>very<br>very<br>very<br>very<br>very<br>very                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>add to you.<br>Datach this form to the front of the malipiece, or on the back if space does not<br>add to you.<br>Different Return Receipt Mil show to whom the article was delivered and the date<br>delivered. | 4a. Article Number<br>2. 5.17<br>4b. Service Type<br>Begistered<br>Express Mail<br>K Return Receipt for Merchandise<br>7. Date of Delivery | 8. Addressee's Address (Only if requires is paid)<br>fee is paid)<br>102595-99-B-0223 Domestic Rei         | SENDER:       I also wish to receive ing services (for an econolete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       I also wish to receive ing services (for an ecologic action by our name and address on the reverse of this form so that we can return this action to your.       I also wish to receive ing services (for an ecologic action by our name and address on the reverse of this form to the form to the form to the maiplece, or on the back if space does not bernit.       I also wish to receive action the maiplece, or on the back if space does not bernit.         D White 'Return Receipt Reguested' on the maiplece below the article number.       I also with the condition and addressee's Action to an element.       I. Addressee's Action the article was delivered and the date delivered.         D. Article Addressed to:       D adalupe G. Guzman       4a. Article Number       I also with the condition and the date delivered.         3.20 W Castle       I bbbs, NM 88240       Express Mail       II also with the action number         Addresseed to:       D adalupe G. Guzman       Addressee's Action and the date delivered       Addressee's Action and the date delivered         3.20 W Castle       Hobbs, NM 88240       Express Mail       Addressee's Action and the date delivered       Addressee's Action and the date delivered         3.20 W Castle       Hobbs, NM 88240       Addressee's Action and the date delivered       Addressee's Action and the date delivered       Addressee's Action and the date delivered       Addressee's Address' (Only if req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

setes is your RETURN ADDRESS completed on the reverse side?

1

Sever RETURN ADDRESS completed on the reverse side?

Ł

| n return this ing services (for an extra fee):<br>n return this 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 44. Article Number<br>4b. Service Type<br>Certified<br>Express Mall<br>Plate of Delivery<br>7. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery                                                                            | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102585-89-8-0223 Domestic Return Receipt | this ing services and the service of the services and the service of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the servi |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this print your name and address on the reverse of this form so that we can return this and to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not that the form the reverse of the mailpiece below the article number.</li> <li>The Return Receipt Requested* on the mailpiece below the article number.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ddressed to:<br>E Earlene King<br>Vest Shipp Dr<br>0s, NM 88240                                                                                                                                                                          | 5. Peceived By: (Priple Adme)<br>6. Signature (Addresseg or Agent)<br>PS Form 3811, December 1994         | al services.<br>everse of this form so that we<br>liplece, or on the back if space<br>the malipiece below the artic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| seipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | you tor using Return Rec                                                                                                                                                                                                                 | JusuT                                                                                                     | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| receive th<br>for an extr<br>see's Addr<br>ed Deliver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A 345<br>Acentified<br>Insured<br>andise [] COD                                                                                                                                                                                          | (Only if reques<br>Domestic Retur                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| o wish to<br>ervices (<br>Addres:<br>Restrict                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          | Do Do                                                                                                     | ess Aerch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I also wish to receive the follor ing services (for an extra fee):         e can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         a can return this         b can return this         can number.         can number.         rud the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a. Article Number<br>2. 5777<br>4b. Service Type<br>1. Registered<br>2. Date of Delivery<br>7. Date of Delivery                                                                                                                         | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-8-0223 Domestic Return Recei   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| tt:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4a. Article Number<br>4b. Service Type<br>Begistered<br>Express Mail<br>Hetum Receipt for Merch<br>7. Date of Delivery                                                                                                                   | 8. Addressee's Address (C       16e is paid)       ()       10255-99-8-0223                               | I also wisi         ervices.         se of this form so that we can return this         ing servic         se of this form so that we can return this         a. or on the back if space does not         a. or on the back if space does not         a. anticle was delivered and the date         a article was delivered and the date         a article was delivered and the date         A. Article Number         A. Date of Delivery         A. Date of Delivery         fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 4, 4a, and 4b.<br>Complete items 6, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>Complete items 7, 4a, and 4b.<br>C | 3. Article Addressed to:       3. Article Number         0.scar E. Tello       4. Service Type         0.scar E. Tello       1. Registered         305 W. Temple       1. Express Mail         Hobbs, NM 88240       1. Date of Delivery | (Print Name)<br>(Print Name)<br>(1996)<br>(1994)<br>(1000000000000000000000000000000000000                | al services.<br>everse of this form so that we<br>piece, or on the back if space<br>the matipiece below the article<br>the article was delivered article                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

I.

: İ

1

•

| I also wish to receive the follow-<br>ing services (for an extra fee):         this         1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 44. Article Number<br>4. Service Type<br>Begistered<br>Express Mail NM<br>A Beturn Recentified<br>A Beturn Recent Mail<br>A Beturn Recent Mail | dressee and and and and and and and and and and                                                                                                                | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>e does not       1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Article Addressed to:<br>Kay Grotbeck<br>RR 3, Box 109 JK<br>Santa He, NM 87505-9532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Received By: (Print Name)<br>1. Hy L. G/2 v 1.3 E C (<br>6. Signature (Addressee or Agent)<br>1. May 2. Luch Lt. Ch)<br>PS Fogh <b>3811</b> , December 1994 | SENDER:       Complete tierms 1 and/or 2 for additional services.         Complete tierms 3, 4a, and 4b.       Complete tierms 3, 4a, and 4b.         Complete tierms 3, 4a, and 4b.       Complete tierms 3, 4a, and 4b.         Complete tierms 3, 4a, and 4b.       Complete tierms 3, 4a, and 4b.         Complete tierms 3, 4a, and 4b.       Complete tierms 3, 4a, and 4b.         Complete tierms 3, 4a, and 4b.       Complete tierms 3, 4a, and 4b.         Complete tierms 3, 4a, and 4b.       Complete tierms 3, 4b.         Attach this torm to the matplece, or on the back if space does not it and to you.       A flact this torm to the matplece, or on the back if space does not it participes the and the date delivered.         Article Addressed to:       Article Addressed to:       4a. Article Number.         Article Addressed to:       Article Addressed to:       4a. Article Number.         Article Addressed to:       Article Addressed to:       4a. Article Number.         Article Addressed to:       Article Addressed to:       4a. Article Number.         Article Addressed to:       Article Addressed to:       4a. Article Number.         Article Addressed to:       Article Addressed to:       4b. Service Typ.         Gerald R. Zimmerman       Colorado River Board of Calif.       72.037.1035         Article Addressed or       6. Signature Addressed or Agent.       6. Signature Addressed or Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | you for using Return Rec<br>NADDRESS completed o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Thank T<br>IS your RETUR                                                                                                                                       | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ra fee):<br>rasee):<br>ress<br>ry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | stedand<br>un Receipt                                                                                                                                          | a the follow-<br>extra fee):<br>ddress<br>wery<br>wery<br>wery<br>wery<br>wery<br>wery<br>werd<br>and<br>and<br>and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I also wish to receive the fo<br>ing services (for an extra fe<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The RE. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s Address (Only if requested and<br>USPS<br>B-0223 Domestic Return Receipt                                                                                     | 1 also wish to receive ing services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an original services (for an origina services (for an origet)))))))))))))))))) |
| SENDER:       I also wish to receive the complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       I also wish to receive the ing services (for an ext complete items and ab.         Drint your name and address on the reverse of this form so that we can return this card to you.       I. I addressee's Add to be maipiece, or on the back if space does not permit.         Drint Your name. The atturn Receipt Maquested" on the malipiece below the article number.       2. I Restricted Delive delivered and the date | 4a. Article Number<br>4b. Service Type<br>Bregistered<br>Express Mail<br>A Return Receiption Marchandlse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B. ZAPATAee is paid) USPE                                                                                                                                      | SENDER:       I also wish to receive the complete items 1 and/or 2 for an ext.         Complete items 1 and/or 2 for additional services.       I also wish to receive the ing services (for an ext.         Complete items 3, 4a, and 4b.       D complete items 3, 4a, and 4b.         D complete items 3, 4a, and 4b.       D complete items 3, 4a, and 4b.         D complete items 3, 4a, and 4b.       D complete items 3, 4a, and 4b.         D complete items 3, 4b, and 4b.       D complete items 3, 4b, and 4b.         D attach find into the found of the malipiece below the article number.       D restricted Delive date and the date delivered and the date delivered.         D with Fazardous Waste Burcaut       A. Anticle Addressed to:       A. Anticle Addressed to:         Chief       Hazardous Waste Burcaut       A. Anticle Addresses a delivered and the date delivered building         Santa Fe, NM 87504       A. Anticle Addresse or Agent       B. Addresses s Address (Only if require the for tor Merchandise         Signature (Addresse or Agent)       B. Addresses s Address (Only if require the for the tor Merchandise       B. Addresses s Address (Only if require the set is paid)         Signature (Addresse or Agent)       S. Signature (Addresse or Agent)       B. Addresses s Address (Only if require the set is paid)         Soch 3811, December 1994       Addresses or Agent)       Addresses or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| 1 also wish to receive the follow-<br>ing services (for an extra fee):         is form so that we can return this         1. □ Addressee's Address         1. □ Addressee's Address         1. □ Addressee's Address         2. □ Restricted Delivery         awas delivered and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Number       4a. Article Number         2.6771       009       3.06         4b. Service Type       Mcertified         1       Registered       Mcertified         1       Express Mail       1 insured         00       M Return Receipt for Merchandise       1 coD         7. Date of Delivery       -       7 | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt | <ul> <li>allow wish to receive the follow ing services (for an extra fee): his form so that we can return this ing services (for an extra fee): his form so that we can return this on the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if space does not the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the back if the ba</li></ul>                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Article Addressed to:<br>3. Article Addressed to:<br>Complete<br>Devon E. Jercinovic<br>International Technology Corp.<br>5301 Central Avenue, N.E. Suite 700<br>ADDRESS<br>Albuquerque, NM 87108                                                                                                                            | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>PS Form 3811, December 1994          | Thank you for using Return Receipt Services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3. 4a, and 4b.<br>Complete items 1. and/or 2 for additional services.<br>Complete items 3. 4a, and 4b.<br>Complete items 4b.<br>The Return Receipt Will show to whom the article was delivered and the date<br>delivered.<br>3. Article Addressed to:<br>Tanis Fox<br>Attorney General's Office<br>P. O. Box 1508<br>Santa Fe, NM 87504<br>5. Fereived By: (Print Name)<br>5. Fereived By: (Print Name)<br>B. Addressee of Agent)<br>B. Addressee<br>Completes for Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent and the date of Agent a                                                                                                                                                                             |
| e follow-<br>a fee):<br>ess<br>y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              | a ta                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SENDER:       I also wish to receive the follor         Complete items 1 and/or 2 for additional services.       I also wish to receive the follor         D complete items 3, 4a, and 4b.       I print you name and address on the reverse of this form so that we can return this card to you.         D Print you name and address on the reverse of this form so that we can return this card to you.       I also wish to receive the follor         D Print you name and address on the reverse of this form so that we can return this card to you.       I addressee's Address for the malipiece, or on the back if space does not prime.         D Fination The Return Receipt Mil show to whom the article was delivered and the date delivered.       2. D Restricted Delivery | 4a. Article Number     Aa. Article Number       2     5       4b. Service Type     4b. Service type       1 Registered     2       1 Express Mail     1       1 Express Mail     1       2. Date of Delivery     7                                                                                                           | 8. Addressee's Address (Only if requested and<br>tee is paid)<br>102595-99-B-0223 Domestic Return Receipt | SENDER:       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 3.4a, and 4.<br>Complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4.<br>complete items 4. |

| anima2 tula                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | עסוו לחר וופוחת לפדוונה לפר                                                                                                                                                                                                            | JuedT                                                                                                                       | Animal toinad muited naisu ant unv JughT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                     | 5 1990                                                                                                                                                                                                                                 | ess (Only if requested and<br>Domestic Return Receipt                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>e a neturn this<br>a does not<br>difficult of the data<br>at the data<br>difficult of the data<br>at Article Number         4a. Article Number         Ab. Service Type         Ab. Service Type         B. Service Type         Contribution         Ab. Service Type         B. Service Small         7. Date of Delivery         8. Addressee's Address         Addressee's Address         102595-99-8.0223         Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| can return this<br>does not<br>a number.<br>d the date                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a. Article Number<br>4b. Service Type<br>Begistered<br>Express Mail<br>Arletum Receipt for M<br>7. Date of Delivery                                                                                                                   | 3. Addressee's Addr<br>fee is paid)<br>102595-99-B-0223                                                                     | a can return this and ing state in a state in a state and other not the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and the data and th |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>I Attach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>D The Return Receipt Will show to whom the article was delivered and the date<br>delivered.                                                                           | <ul> <li>3. Article Addressed to:</li> <li>3. Article Addressed to:</li> <li>Director</li> <li>Director</li> <li>Colorado River Comm of Nevada</li> <li>555 East Washington Avenue, Suite 3100</li> <li>Las Vegas, NV 89158</li> </ul> | 5. Received By: (Print Name)<br>6. Sigpatvire (Addressee progent)<br>1. (                                                   | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we<br>caude of you.<br>Attach this form to the front of the malipiece, or on the back if space<br>parmit.<br>Attach this form to the front of the malipiece below the articl<br>and the you.<br>Attach the Receipt Will show to whom the article was delivered and<br>delivered.<br>3. Article Addressed to:<br>The Tewa Company<br>P.O. Box 1261<br>San Juan Pucblo, NM 87566<br>5. Received By: Print Name)<br>6. Signaldice (Addressee by Agent)<br>PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | you for using Return Reco                                                                                                                                                                                                              | enterenter de la ser el la                                                                                                  | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                     | or Merchandise                                                                                                                                                                                                                         | ess (Only it requested and<br>Domestic Return Receipt                                                                       | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>otoes not<br>diffection         1. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Brumber</li> <li>Bestricted Delivery</li> <li>Addressee's address</li> </ul> 4a. Article Number       Addressee's Address         4a. Article Number       Addressee's Address         4b. Service Type       ACertified         1       Express Mail 5 A/17       Insured         1       Return Psceip for Marchadige       IcoD         7. Date of Before       Addresse (Only if requested and fee is p add)       IcoS         1       IcoS       Only if requested and fee is p add)       IcoS         1       IcoS       Only if requested and fee is p add)       IcoS       IcoS         1       IcoS       Only if requested and fee is p add)       IcoS       IcoS       IcoS         1       IcoS       Only if requested and fee is p add)       IcoS       IcoS       IcoS       IcoS         1       IcoS       Only if requested and fee is p add)       I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| an return this<br>does not<br>number.<br>the date                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a. Article Number<br>2. 5. 5. 1<br>4b. Service Type<br>1 Registered<br>2 Return Receipt for<br>7. Date of Delivery                                                                                                                    | Addressee's Addr<br>fee is paid)<br>102595-99-8-0223                                                                        | an return this<br>a does not to the addee<br>the number.<br>a number.<br>a dues not to the addee<br>the Article Number<br>the service Type<br>7. Date of Berlin for<br>7. Date of Berlin for<br>7. Date of Berlin for<br>102595-99-B-02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SENUCEH:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>I Attach this form to the front of the mailpiece, or on the back if space does not<br>permit. "Return Receipt Maquested" on the mailpiece below the article number.<br>D Write 'Return Receipt will show to whom the article was delivered and the date<br>delivered. | 3. Article Addressed to:<br>Governor<br>Pueblo of Laguna<br>P. O. Box 194<br>Laguna, NM 87026                                                                                                                                          | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>6. Signature (Addressee or Agent)<br>7. M. U. U. U. U. | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and address on the reverse of this form so that we can return this card to you.       Complete items 3, 4a, and 4b.         Complete items 3, Ad, and address on the reverse of this form to the fautum Receipt will show to whom the article was delivered and the date delivered.       4a. Article Number.         NM Oil & Gas Association       Anticle Addressed to:       4b. Service Number.         NM Oil & Gas Association       Ab. Service and the date delivered.       4b. Service Number.         Santa Fe, New Mexico 87504-1864       Ab. Service Ab.       7. Date of the faurum Pace of the faurum Pace of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact o                                                                                                                                                                                                                                                                                                                                                            |

!

I

ł

1

i i

İ

i

| ipt Service.                                                                                                                                                                                                                                                                                                                                                         | ou for using Return Rece                                                                                  | Thank                                                                                                                      | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                       | 009 3 <i>6</i> 9<br>安Certified<br>Insured<br>Merchandise □COD                                             | 's Address (Only if requested and<br>B-B-0223 Domestic Return Receipt                                                      | I also wish to receive the follow-<br>ing services (for an extra fee):<br>um this<br>ing services (for an extra fee):<br>also are an extra fee):<br>also wish to receive the follow-<br>ing services (for an extra fee):<br>a Addresse's Address<br>also are an extra fee):<br>a Contraction of the and<br>also also are and and<br>also are and and and and and are and and and and and an an an an an an an an an an an an an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| can return this<br>a does not<br>e number.<br>d the date                                                                                                                                                                                                                                                                                                             | 4a. Article Number<br>2007<br>4b. Service Type<br>□ Registered<br>Express Mail<br>7. Date of Delivery     | 8. Addressee<br>fee is paid<br>102595-96                                                                                   | a can return this<br>a does not<br>the date<br>den number.<br>den ing<br>the date<br>den is pervice Type<br>T. Date of period<br>fee is pervice type<br>7. Date of period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>S</b> = = = = = =                                                                                                                                                                                                                                                                                                                                                 | 3. Articla Articlessant to<br>Mellon Mortgage Company<br>1775 sherman St., suite 2300<br>Denver, CO 80203 | 5. Received By: ( <i>Print Name</i> )<br>6. Signature ( <i>Addressee or Agent</i> )<br>PS Form <b>3811</b> , December 1994 | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Princip or name and address on the reverse of this form so that we<br>card to you.<br>Datach this form to the fort of the malipiece, or on the back If space<br>present fragment of the malipiece, or on the back If space<br>present fragment fragment of the malipiece below the article<br>princip fragment fragment of the malipiece below the article<br>princip fragment fragment of the malipiece below the article<br>addressed to:<br>Chris Shuey<br>Southwest Research & Information Center -<br>B. O. Box 4524<br>Albuquerque, N.M. 87106<br>F. O. Box 4524<br>Albuquerque, N.M. 87106<br>6. Signature Addressee or Agent)<br>6. Signature Addressee or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                      | you for using Return Rec                                                                                  |                                                                                                                            | Thank you for using Return Receipt Service.<br>Is your RETURN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                         | rnn 2380<br>Acertified<br>Insured<br>Merchandise 000                                                      | s Address (Only if requested and<br>B-0223 Domestic Return Receipt                                                         | 1 also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not         1. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Bestricted Delivery</li> <li>Bestricted Number</li> <li>Addresses</li> </ul> 4a. Article Number       Addressee's address         4b. Service Type       Accertified         1 Begistered       Accertified         1 Express Mail       Dog 490         7. Date of Delivery       COD         8. Addresse's Address (Only if requested and<br>fee is paid)       Access Denore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| can return this<br>does not<br>• number.                                                                                                                                                                                                                                                                                                                             | 4a. Article Number<br>4b. Service Type<br>Begistered<br>E Express Mail<br>7. Date of Delivery             | . Addressee's Add<br>fee is paid)<br>102595-99-B-0223                                                                      | talsc<br>can return this<br>a does not<br>e number.<br>d the date<br>the Ath. Service Type<br>Ab. Service Type<br>B. Addresse Mail<br>7. Date of Delivey<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SENDEH:<br>D Complete items 1 and/or 2 for additional services.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Card to you.<br>D The Return Receipt Maguested" on the maliplece below the article number.<br>D The Return Receipt will show to whom the article was delivered and the date<br>delivered. | Addressed to:<br>Guerrero Caballero<br>2207 N. Breckon<br>Hobbs, NM 88240                                 | 5. Received By: (Print Name)<br>6. Startartire (Addressare of Agent)<br>65. Eeen 38.14, December 1994                      | SENDER:<br>Complete tiems 1 and/or 2 for additional services.<br>Complete tiems 3, 4a, and 4b.<br>Complete tiems 3, 4b.<br>Complete tiems 4b.<br>Complete tiems 3, 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tiems 4b.<br>Complete tis tiems 4b.<br>Complete tiems 4b.<br>Complete tie |

| seceipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | you tor using Return R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | InsriT                                                                                                                            | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish<br>ing service<br>1. [] Addi<br>2. [] Rest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2     5     7     009     429       4b. Service Type     Begistered     Bertified       Express Mail     Insured       Preturn Receipt for Merchandise     IcoD       7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ol> <li>Addresse 's Address (Only if requested and<br/>fee is paid)</li> <li>102595-99-B-0223 Domestic Return Receipt</li> </ol> | I also wish to receive the follow-<br>ing services (for an extra fee):         we can return this<br>acce does not<br>acce does not       I. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>C.              <li>Restricted Delivery</li> <li>Ath. Service Type</li> <li>Ath. Service Type</li> <li>Express Mail</li> <li>Insured</li> <li>Addressee's Address</li> </li></ul> Ab. Service Type         Registered             T. Date of Delivery         Insured             Ab. Service Type         Insured             Ab. Service Type         Insured             Ab. Service Type         Insured             Abetum Receipt for Merchandise         ICOD         Insured           Actressee's Address (Only if requested and fee is paid)         Insured         Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Drint print to print.</li> <li>Write "Return Receipt Requested" on the malipiece or on the back if space does not permit.</li> <li>Write "Return Receipt Will show to whom the article was delivered and the date delivered.</li> <li>Article Addressed to:</li> </ul> | A A A A A A A A A A A A A A A A A A A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5. Received By: (Print Name)<br>6. Signature (Addressegor/Agent)<br>19. PS Form 3811, December 1994                               | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1 and/or 2 for additional services.       Complete items 1 and/or 2 for additional services.         Print your name and address on the reverse of this form so that we can return this card to you.       Drift print you name and address on the reverse of this form so that we can return this card to you.         Diff address of the receipt will show to whom the anticle was delivered and the date delivered.       A. Article N address on the malipiece was delivered and the date delivered.         3. Article Addressed to:       Diff address on the anticle was delivered and the date delivered.       A. Article N address on the malipiece of the article number.         Bruth Receipt Will show to whom the article was delivered and the date delivered.       A. Article N addressed to:       A. Article N address on the article was delivered and the date delivered.         3. Article Addressed to:       B. Article Addressed to:       A. Article N addresses on the article was delivered and the date delivered.         6200 Dartmouth       Amarillo, TX 79109       B. Addresses on Agentice       B. Addresses on Agentice         6. Signafure Addressee or Agentice       B. Addressee or Agentice       B. Addressee       B. Addressee         PS Form 3811, December 1994       PS Form 3811, December 1994       B. Addressee       B. Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| e):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | You for using Return Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                                                                 | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I also wish to receive the fo<br>ing services (for an extra fe<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                              | × 2 4 4 4 × 2 × 2 × 2 × 4 × 2 × 2 × 2 ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Only if requester<br>Domestic Return F                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4b. Service Type<br>Begistered<br>Express Mail<br>Express Mail<br>T. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Delivery<br>7. Date of Del | <ol> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> <li>102595-99-B-0223 Domestic Return Recei</li> </ol>   | this I also with ing services ing services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the servic |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Datach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>Diffe Return Receipt Well show to whom the article was delivered and the date<br>delivered.<br>3. Article Addressed to:<br>1.4. Article NV.                                                                                                  | 772104294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                          | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, and 40.       Complete items 3, and 40.         Print your name and address on the reverse of this form so that we can return this card to you.       Cand to you.         Card to you.       Card to you.         Article Addressed name       Article was delivered and the date date date date date date date.         Dayton G. Land       Januer and the date date date date.         Dayton G. Land       Article Addressed to:         Date of D       Article N         Received By: (Putt Narge)       Article N         B. Signature (Addressee or Agent)       Article State of D         B. Signature (Addressee or Agent) <t< td=""></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                 | ς you for using Return Rec                                                                                            |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                      | Vpe<br>d<br>ali<br>ality<br>sive<br>with the the sectified                                                            | s Address Yorup I freq<br>                                                                               | an return this       I also wish to receive the follow-<br>ing services (for an extra fee):         can return this       1. □ Addressee's Address<br>a dees not         a Anticle Number       0         4a. Article Number       0         4b. Service Type       0         1. □ Restricted Delivery         4a. Article Number       0         4b. Service Type       0         1. □ Registered       0         1. □ Registered       0         1. □ Registered       0         1. □ Registered       0         1. □ Recentified       0         2. □ Restricted Delivery       0         4a. Article Number       0         2. □ Restricted Delivery       0         2. □ Bet is paid)       0         3. Addressee's Address Oth       0         3. Addressee's Address Oth       0         1. Date of Delivery       0         1. Date of De                                                |
| we can return this<br>ace does not<br>filde number.<br>Land the date                                                                                                                                                                                                                                                                                                                                                              | 4a. Article Number<br>4b. Service Type<br>Express Mail<br>7. Date of Deliver                                          | 8. Addressee<br>fee is paid)<br>102595-95                                                                | at we can return this ling<br>space does not 2.<br>article number.<br>a Article Number<br>4a. Article Number<br>4b. Service Type<br>1 Express Mail<br>2 B. Addressee's Ad<br>1 ee is paid)<br>A PR 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>This your name and address on the reverse of this form so that we can return this<br>card to you.<br>Cattach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered. | <ol> <li>Article Address</li> <li>Thomas W.</li> <li>228 East Pa</li> <li>Villa River</li> <li>Santa Fe, N</li> </ol> | 5. Received By: Print Name)<br>6. Signardire (Addrassee or Agent)<br>PS Form <b>3811</b> , December 1994 | Is shown and address on the reverse of this form so that we can return this complete liems 1 and/or 2 for additional services.         Complete liems 1 and/or 2 for additional services.         Complete liems 1, and 4b.         Print your name and address on the reverse of this form so that we can return this complete liems 1, and 4b.         Print your name and address on the reverse of this form so that we can return this complete liems 1, and 4b.         Print your name and address on the reverse of this form so that we can return this complete liems 1.         Print Patturn Receipt Requested" on the maliplece below the article number.         Print Patturn Receipt Maguested to:         Director         Director |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   | beteiqmos <u>223R00A NR</u>                                                                                           | Is your RETU                                                                                             | Cabis essever eft de betelomoe 223800A MOLT39 men el                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                    | Merchandise □ COD 2004<br>Centified □ CoD Insured Centified ↑ / 5/ 99                                                 | InsiT                                                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):         1. <ul> <li>Addressee's Addresse</li> <li>S.              <li>Restricted Delivery</li> <li>Properties</li> <li>Bestricted Delivery</li> <li>Certified</li> <li>Mail</li> <li>Districted Delivery</li> </li></ul> Uppe         Certified           Officer         Accertified           Bestricted Delivery         Certified           Officer         Accertified           Bestricted Delivery         Accertified           Officer         Accertified           Bestricted Delivery         Accertified           Address (Only the for all and and and and and and and and and and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                 | e Number<br>Ce Type<br>ce Type<br>fiered<br>ss Mail<br>Aleceipt for Merchandise II cop<br>of Delivery + / 5/ 99       | Thank<br>Theceipt                                                                                        | iress<br>iry<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urred<br>urve<br>urve<br>urve<br>urve<br>urve<br>urve<br>urve<br>urve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                | Article Number<br>Service Type<br>Registered<br>Express Mail<br>Express Mail<br>Express Mail<br>Helum Recention 280<br>Date of London Activities<br>Date of London Activities<br>Bate of London Activities<br>Date of London Activities<br>Date of London Activities<br>London Activities | I also wish to receive the follow-<br>ing services (for an extra fee):<br>um this<br>ing services (for an extra fee):<br>a ddressee's Address<br>a ddressee's Addressee's Address<br>a ddressee's Addressee's Address<br>a ddressee's Addressee's Address<br>a ddressee's Addressee's Addressee's Address<br>a ddressee's Addressee's Addressee's Address<br>a ddressee's Addressee's ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space does not<br>permit "Paturn Receipt Reguested" on the malipiece below the article number.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered and the date                                                                                             | 3. Article Addressed to:<br>1. Jynn Brandvold<br>NM Bureau of Mines & Mineral Resources<br>NM Institute of Mining & Tech.<br>Socorro, NM 87801<br>5. Received By: (Print Name)<br>5. Received By: (Print Name)<br>6. Signature (Addressee Agent)<br>6. Signature (Addressee Agent)<br>P34 on 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Is your RETDIAR Solutions       I and to you.         In Section 1 and 0 and 0.       Complete items 1 and/or 2 for additional services.         In Complete items 3, 41, and 40.       Complete items 1, 41, and 40.         Complete items 3, 41, and 40.       Complete items 1, 42, and 40.         Complete items 1, and/or 2 for additional services.       In and address on the reverse of this form so that we can return this into the item 3, 42, and 40.         Complete items 3, 42, and 40.       Intrach its is into to the malipiece, or on the back if space does not a rate in the item for a time "attem Receipt will show to whom the adide was delivered and if a date delivered.         Article Addressed to:       This form the adide was delivered and if a date delivered.         3. Article Addressed to:       The regulations, Inc.         Boulder, CO 80303       The regulations, Inc.         P.O. Box 3344       P.O. Box 3344         Boulder, CO 80303       Totate Partice and the date for a date delivered and the date delivered and the date delivered.         Form 3811, December 1994       Totate Partice and the date and the date delivered and the date and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivered and the date delivere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4a. Article Number       4a. Article Number         2       3         1       Registered         1       Express Mail         1       Insured         1       Antersteet         1       Insured         1       Insured         1       Insured         1       Addressee's Address (Only if requested and         (besis paid)       APR () 5         1       Inut         1       Aps         1       Inut         1       Aps         1       Inut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I also wish to receive the follow-<br>ing services (tor an extra fee):         1. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Bestricted Delivery</li> <li>DOP OO</li> <li>DOP OO</li> <li>DOP OO</li> <li>DOP OO</li> <li>Bestricted Delivery</li> <li>Insured</li> <li>Mail</li> <li>Insured</li> <li>Bestricted Delivery</li> <li>DOP OO</li> <li>DOP OO</li> <li>Bestricted Delivery</li> </ul> Mail         Insured             Bestricted Delivery         DOP OO             Bestricted Delivery         DOP OO             Bestricted Delivery         DOP OO             Bestricted Delivery         DOP OO             Bestricted and Oo         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO         DOP OO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Partiach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>D Write 'Return Receipt Requested' on the malipiece, or on the back if space does not<br>D Write 'Return Receipt Requested' on the maliplece blow the article number.<br>D Write Return Receipt will show to whom the article was delivered and the date<br>delivered. | <ul> <li>3. Article Addressed to:<br/>State Engineer<br/>Water Resources Division<br/>Bataan Building<br/>Santa Fe, NM 87503</li> <li>5. Received By: (Print Name)</li> <li>6. Signature (Addressee or Agent)</li> <li>PS Form 3811, December 1994</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SENDER:         Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.         Drin your name and address on the reverse of this form so that we can return this complete items 3, 4a, and 4b.         Drin your name and address on the reverse of this form so that we can return this form to the front of the malipiece, or on the back if space does not premit.         Drint Patturn Receipt Maguested" on the malipiece below the anticle number.         Drint Patturn Receipt Maguested" on the anticle was delivered and the date delivered.         Minimum         Article Addressed to:         Drin Receipt Will show to whom the article was delivered and the date delivered.         Article Addressed to:         NM Municipal League         Po Box 846         1229 Paseo De Peralta         Santa Fe, NM 87501         7. Date of D         6. Signatury Madressee or Agent)         6. Signatury Madressee or Agent)         PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

ł

| I also wish to receive the follow-<br>ing services (for an extra fee):<br>an return this<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a. Article Number<br>2 500 009 2009<br>4b. Service Type<br>□ Registered<br>Express Mail<br>□ Express Mail<br>B Return Receipt for Merchange 10000<br>7. Date of Delivery                                      | 8. Addressee's Address (Only a requested and<br>tee is paid) n                                            | I also wish to receive the follow-<br>ing services (for an extra fee):         an return this         1. <ul> <li>Addressee's Address</li> <li>Lestricted Delivery</li> <li>the date</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a. Article Number       A. Article Number         2       3         4b. Service Type       A. Certified         Begistered       A. Certified         Express Mail       Insured         K Return Receipt for Merchandise       COD         7. Date of Delivery       7. Date of Delivery | B. Addressee's Address (Only if requested and<br>fee is paid)<br>10245-19-8-0223 Domestic. Refum Receipt  |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Attach this form to the front of the malipiece, or on the back if space does not<br>print.<br>The Return Receipt Requested* on the malipiece below the article number.<br>The Return Receipt Requested* on the malipiece below the article number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | vddressed to:<br>William F. Carr<br>Campbell & Black<br>P. O. Box 2208<br>Sánta Fe, NM 87501                                                                                                                   | 5. Received By: [Built Name]<br>6. Signade (Agaresse or Menu)<br>PS Form 3811, December 1994              | 2 for additional services.<br>4 4b.<br>tess on the reverse of this form so that we<br>not of the malipiece, or on the back if space<br>of the malipiece below the article<br>duested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Article Addressed to:<br>Mike Matush<br>State Land Office Building<br>Santa Fe, NM 87503                                                                                                                                                                                                | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agend)<br>PS Form 3811, December 1994          | / |
| eipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | you for using Return Rec                                                                                                                                                                                       |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | vou for using Return Rec                                                                                                                                                                                                                                                                   |                                                                                                           |   |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                | a la                                                                                                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                            | P I                                                                                                       |   |
| SENDER:       1 also wish to receive the follow-<br>complete items 1 and/or 2 for additional services.         D Complete items 3, 4a, and 4b.       1 also wish to receive the follow-<br>ing services (for an extra fee):         D Print your name and address on the reverse of this form so that we can return this<br>card to you.       1 also wish to receive the follow-<br>ing services (for an extra fee):         D Print your name and address on the reverse of this form so that we can return this<br>card to you.       1. <ul> <li>Addressee's Address</li> <li>D Write 'Return Receipt Mil show to whom the article was delivered and the date<br/>delivered.</li> <li>D Mine Tealun Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealun Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealun Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealun Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealun Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealur Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealur Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealur Receipt Mil show to whom the article was delivered and the date</li> <li>D Mine Tealur Receipt Mile Tealur Receipt Mile Mile Mile Mile Mile Mile Mile Mile</li></ul> | 4a. Article Number       4a. Article Number         4b. Service Type       ▲ Certified         □ Registered       ▲ Certified         □ Express Mail       □ Insured         ↑. Date of Delivery / ↑ ↑       ↑ | 8. Addressee's Address (Only if requested and<br>lee is paid)<br>102595-99-B-0223 Domestic Return Receipt | SENDER:       I also wish to receive the follow-<br>Complete items 1 and/or 2 for additional services.         D complete items 3, 4a, and 4b.       ing services (for an extra fee):<br>ing services (for an extra fee):         D finity your name and address on the reverse of this form so that we can return this<br>card to you.       1. <ul> <li>I addressee's Address</li> <li>I addressee's Address</li> <li>I addressee's Address</li> <li>I addressee's Address</li> <li>I addressee's Address</li> <li>I addressee's Address</li> </ul> D wite 'Return Receipt Mit show to whom the article was delivered and the date<br>delivered.       2. <ul> <li>I estricted Delivery</li> </ul> | 4a. Article Number<br>7. Date of Delivery 5. [] [] [] [] [] [] [] [] [] [] [] [] []                                                                                                                                                                                                        | B. Addressee's Address (Only If requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt |   |

\_\_\_\_\_

-

1

sour at 100 ADDRESS completed on the reverse side: [5 your RETURN ADDRESS completed on the reverse side?

| SENDER:       I also wish to receive the follow-<br>complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 3, 4a, and 4b.       I also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 3, 4a, and 4b.       I also wish to receive the follow-<br>ing services (for an extra fee):         Candot of the maiplece, or on the back if space does not<br>permit.       I. <ul> <li>Addressee's Address</li> <li>C              </li> <li>C              </li> <li>C              </li> <li>C              </li> <li>C              </li> <li>C              </li> </ul> DWrite 'Return Receipt will show to whom the article was delivered and the date<br>delivered.         D | Fice A. Article Number OOC Tice A. Article Number OOC t A. Service Type C. Begistered Express Mail Registered 8240 K. Plate of Delivery (), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Received By: (Print Name)<br>MY RA MK V R V R V R V R V R V R V R V R V R V                                                                                                              | SENDER:       I also wish to receive the follow-         Complete items 1 and/or 2 for additional services.       I also wish to receive the follow-         Complete items 3, 4a, and 4b.       I also wish to receive the follow-         Complete items 3, 4a, and 4b.       I also wish to receive the follow-         Drint your name and address on the reverse of this form so that we can return this       I also wish to receive the follow-         D Attach your name and address on the reverse of this form so that we can return this       I | ted to:     4a. Article Number       1     2       4b. Service Type     ACentified       1     Besizered       1     Brevices Mail       1     Breves Mail       1     Breves Mail       1     Continued       7. Date of Pelivery     9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)<br>Addressee or Agent) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Participandise Contrandise Contrandise Contrandise Contrandise Contrandise Contrandise Contrandise Contransional Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second S | Is your RETURI                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Vou for using Return Red<br>Nou for using Return Red<br>Nou for Using Return Red<br>Nou for Using Return Completed of<br>Net ADDRESS completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of<br>Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS Completed of Net ADDRESS | s your RETUR                                                                                      |
| 2 for additional services.<br>d 4b.<br>ess on the reverse of this form so that we can return this<br>and of the mailpiece, or on the back if space does not<br>quested* on the mailpiece below the article number.<br>how to whom the article was delivered and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. Article Addressed to:       4a. Article Number         Jeanne Haffen       4b. Service Type         Jeanne Haffen       1         El Paso Natural Gas       1         P. O. Box 1492       1         El Paso, TX 79978       7. Date of Deily MPR         0       5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>6. Signature (Addressee or Agent)<br>7. ひか<br>PS Form <b>3811</b> , December 1994<br>102595-99-8-0223 Domestic Retu | SENDER:<br>□ Complete items 1 and/or 2 for additional services.<br>□ Complete items 3, 4a, and 4b.<br>□ Printy your name and address on the reverse of this form so that we can return this<br>ard to you.<br>□ Attain this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>□ Write "Raturn Receipt will show to whom the article was delivered and the date<br>delivered.                                                                                                                                                | 3. Article Addressed to:     3. Article Number       3. Article Addressed to:     4. Article Number       Field Supervisor     4. Service Type       In Spistered     5. Express Mail       2105 Osuma Road, Northeast     7. Date of Delivery       Albuquerque, NM 87113-1001     7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Received By: (Print Name)                                                                         |

Ì.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | aag amitag naisu natu                                                                                                                                                                                                                                     |                                                                                                                                              | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                    | 4a. Article Number     OO9     OS3       4b. Service Type     MCertified       1 Registered     MCertified       1 Registered     Insured       1 Express Mail     Insured       1 Return Receivefor Megchandise     ICOD       2. Date of delivery     C |                                                                                                                                              | an return this ing services (for an extra fee):<br>can return this ing services (for an extra fee):<br>can return this ing services (for an extra fee):<br>a does not<br>the number.<br>4. Article Number<br>d the date<br>4. Article Number<br>4. Article Number<br>4. Article Number<br>4. Service Type<br>1. Color Color Color<br>4. Service Type<br>1. Color Color<br>4. Certified<br>1. Insured<br>1. Insured<br>1. Rouge 5 1999<br>8. Addressee's Address (Only if requested and<br>10 fe is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| at we can return this<br>space does not<br>article number.<br>ed and the date                                                                                                                                                                                                                                                                                                                                                                                   | 4a. Article Number<br>4b. Service Type<br>Begistered<br>Express Mail<br>7. Date of gelivery                                                                                                                                                               | 8. Addressee<br>fee is paid                                                                                                                  | at we can return this<br>space does not<br>anticle number.<br>A. Article Number<br>A. Service Type<br>A. Service Type<br>B. Addressee's Add<br><i>1</i> . [<br>2. [<br>3. ]<br>2. [<br>3. ]<br>3. ]<br>4. Service Type<br>B. Addressee's Add<br><i>1</i> . Date of Delivery<br><i>1</i> . D |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card your.<br>Card your is the front of the malipiece, or on the back if space does not<br>partial. "Return Receipt Requested" on the malipiece below the article number.<br>D'he Return Receipt will show to whom the article was delivered and the date<br>delivered. | <ul> <li>3. Article Addressed to:</li> <li>Marcia Simmons</li> <li>KOAT-RV</li> <li>3801 Carlisle NE</li> <li>Albuquerque, N.M. 87108</li> </ul>                                                                                                          | 5. Hookived By: (Print Name)<br>So / 0. 7. Eddler<br>6. Signapure (Addressae or Agent)<br>Addressae or Agent)<br>PS Form 3811, December 1994 | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Drint your name and address on the reverse of this form so that we can return this compour name and address on the malpiece, or on the back if space does not permit.       Item for the form of the malpiece, or on the back if space does not permit.         Drint your name and address on the reverse of this form to the form the address on the reverse of this form the article number.       Altach this form to the form of the malpiece, or on the back if space does not permit.         Drint Receipt will show to whom the article was delivered and the date delivered.       Director El Paso Natural Gas       Au. Article N.         3. Article Addressed to:       Director El Paso Natural Gas       Express 1       Au. Article N.         Director El Paso, Texas 79978       Director.       Au. Berum Receister OL       Au. Service         Brurionmental Affairs Dept.       Director El Paso, Texas 79978       Au. Service       Audresse         F. O. Box 1492       Brurionmental Affairs Dept.       Brurion       Audresse       Audresse         6. Signature (Addressee of Agent)       B. Addressee       Audressee       Audressee       Audressee         F. Form 3011, December 1994       Director El Paso       B. Addressee       Audressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| •/                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                                                                                                                                                                                                                         | $(\mathbf{v} \setminus \mathbf{v})$                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| on the reverse side                                                                                                                                                                                                                                                                                                                                                                                                                                             | betelqmoo <u>SS∃R00A</u><br> o<br> d                                                                                                                                                                                                                      |                                                                                                                                              | Thank you for using Return Receipt Service.<br>Is your RETURN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                    | ADDRESS completed of Merchandise Coop                                                                                                                                                                                                                     | s Address (Ohly if requested and Thank you B-0223 Domestic Return Receipt                                                                    | I also wish to receive the follow-<br>ing services (for an extra fee):       1. [] Addressee's Address         1. [] Addressee's Address       2. [] Restricted Delivery         2. [] Restricted Delivery       2. [] Restricted Delivery         2. [] Restricted Delivery       2. [] Restricted Delivery         3. [] NDB       0       3         3. [] NDB       0       3         1. [] Address       0       3         2. [] Restricted Delivery       2. [] Restricted Delivery         1. [] Address       0       3         1. [] Address       0       1         2. [] Restricted Delivery       1       1         1. [] Address       0       1 <tr< td=""></tr<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| eipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ר מו מו מו מו מו מו מו מו מו מו מו מו מו                                                                                                                                                                                                                  | Thank your RETURN                                                                                                                            | Image: Service.     Image: Service.       Image: Service.     Image: Service.       Image: Service.     Image: Service.       Image: Service.     Image: Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| eint Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Thank vou for using Return Return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | These you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>I also wish to receive the follow-<br/>ing services (for an extra fee):</li> <li>1. □ Addressee's Address</li> <li>2. □ Restricted Delivery</li> </ul>                                                                                                                                                                                                                                                                                                                                                            | 4a. Article Number 2 5171 209 364<br>4b. Service Type 25 Certified<br>☐ Registered 25 Recettined<br>☐ Registered 25 Concert<br>7. Date of Delivery 2000 100 if requested and 100 100 100 100 100 100 100 100 100 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>does not<br>dipe date       1. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Comber</li> <li>Contined</li> <li>Contined</li> <li>Bestrice Type</li> <li>Contined</li> <li>Bestrice Type</li> <li>Contined</li> <li>Bestrice Type</li> <li>Contined</li> <li>Contined</li> <li>Bestrice Type</li> <li>Bestrice Type</li> <li>Contined</li> <li>Bestris the type</li> <li>Contentiation</li></ul> |
| i form so that we can return this<br>the back if space does not<br>e below the article number.<br>was delivered and the date                                                                                                                                                                                                                                                                                                                                                                                               | 4a. Article Number<br>4b. Service Type<br>1 Registered<br>1 Express Mail<br>1 Date of Delivery<br>7. Date of Delivery<br>1 (2595-99-8-02)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | form so that we can return this<br>the back if space does not<br>below the antide number.<br>was delivered and the date<br>the Service Type<br>the Service Type<br>the Service Type<br>the Service Type<br>T. Date of Delivery<br>fee is paid)<br>102595-99-B-02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4A, and 4b.<br>Complete items 3, 4A, and 4b.<br>Definit your name and address on the reverse of this form so that we can return this<br>and to you.<br>Definit is form to the front of the mailpiece, or on the back if space does not<br>permit.<br>The naturn Receipt Requested on the mailpiece below the article number.<br>D With Preturn Receipt Mill show to whom the article was defivered and the date<br>defended.                       | 3. Artrie Addressed to:<br>Gary Henrich<br>210 W. Castle<br>Hobbs NM 88240<br>5. Received By: (Print Mamp)<br>6. Signature (Addressee or Agent)<br>PS Form 3811, December 994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form so that we can return this form to your.       Attach this form to the front of the malpiece, or on the back if space does not with the print.         Attach this form to the front of the malpiece, or on the back if space does not hor name and address on the reverse of this form so that we can return this form to your.         Attach this form to the front of the malpiece, or on the back if space does not with show to whom the article was delivered.       4a. Article Nice Nice Nice Nice Nice Nice Nice Nic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ei البن البن البن الم الم الم الم الم الم الم الم الم الم                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ية your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 다. [프 ] · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 고             Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4a. Article Number<br>4b. Service Type<br>4b. Service Type<br>Certified<br>Fregistered<br>Free Process Mail<br>Free COD<br>7. Date of Delivery<br>7. Da | 1 also wish to receive the follow-<br>ing services (for an extra fee):         can relum this<br>othes not       1. □ Addressee's Address         1. □ Addressee's Address       2. □ Restricted Delivery         4a. Article Number       0.0.9 351         4b. Service Type       10.535         10. Service Type       10.535         10. Service Type       10.535         10. Service Type       10.9 351         2. 577       0.0.9 351         4b. Service Type       10.000         7. Date of Delivery       10.000         7. Date of Delivery       10.000         1.0255-98-80223       Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                    |
| hat we can return this<br>space does not<br>a anticle number.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a. Article Number         7       5       7       7         1       Eenvice Type         1       Express Mail         1       Express Mail         1       Date of Delivery         1       Date of Delivery         1       Eee is paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | at we can return this fing search does not ing search does not article number.<br>• article number.<br>• article number.<br>• article number.<br>• article Number.<br>2. □<br>4a. Article Number.<br>2. □<br>4b. Service Type<br>□ Registered<br>1 Express Mail<br>ref Return Receipt for N<br>7. Date of Delivery<br>10, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Control reame and address on the reverse of this form so that we can return this<br>call of you.<br>I Attach this form to the front of the malipiece, or on the back if space does not<br>permit.<br>The Return Receipt Will show to whom the article was delivered and the date<br>II the Return Receipt will show to whom the article was delivered and the date | aniotect.         3. Article Addressed to:         David Soria         1611 S. Cochran         Hobbs, NM 88240         F. Received By: (Print Nama)         5. Received By: (Print Nama)         6. Signature (Addresses or Agent)         PS Form 3811, December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Complete items 3, 4a, and 4b.       Complete items 4, and 4b.         Complete items 3, 4a, and 4b.       Complete items 4, and 4b.         Complete items 3, 4a, and 4b.       Complete items 4, and 4b.         Call to you.       Call to you.         Call to you.       All this form to the front of the malipiece below the article number.         Diffice Fature Receipt will show to whom the article was delivered and the date delivered.       4a. Article N.         Chicle Addressed to:       Call by Science 1501 South Cochran       4b. Service 16 Reture Receiption and the date delivered.         J. Article Addressed to:       Call by Science 1501 South Cochran       4b. Service 15 Received By: (Print Name)       7. Date of D         Signalure (Molessee or Agen)       Received By: (Print Name)       8. Addressee       6. Secondelivered         Actional and the date of D       Call by Science 1994       102595-1       102595-1                                                                                                           |

L.

ļ

| ervice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Thank you for using Return Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-<br>ing services (for an extra fee):         this         1. □ Addressee's Address         2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                | 4a. Article Number<br>4b. Service Type<br>Besistered<br>Express Mall<br>Express Mall<br>Registered<br>Pretum Receipt for Merchandise<br>7. Date of Delivery<br>7. Date of Delivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not       I also wish to receive the follow-<br>ing services (for an extra fee):         a moment       1. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>a moment</li> <li>C Bestricted Delivery</li> <li>a Address</li> <li>C Delivery</li> <li>C Delivery</li> <li>C Delivery</li> <li>C Date of Delivery</li> <li>C Date of Delivery</li> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| e can return<br>se does not<br>se number.<br>nd the date                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Numb<br>2 577<br>1 Begistered<br>2 Freess Mall<br>2 Pletum Receipt<br>7. Date of Delive<br>10 Pelive<br>10 Pelive<br>10 Pelive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e can return<br>tice does no<br>icide number<br>and the date<br>A. Artic<br>F. Date<br>7. Date<br>fee /s<br>fee /s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 1 and/or 2 for additional services.<br>Drint your name and address on the reverse of this form so that we can return this<br>card to you.<br>Datach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>The Return Receipt will show to whom the article was delivered and the date<br>delivered.                                                                | 3. Article Addressed to:<br>Carlos Talamantes<br>Yvonne Talamantes<br>1505 S. Cochran<br>Hobbs, NM 88240<br>5. Refered By: (Print/Jame)<br>5. Refered By: (Print/Jame)<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SENDER:       Complete items 1 and/or 2 for additional services.         D Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         D complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         D complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         D complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         D complete items 3, 4a, and 4b.       Complete items 4, and 4b.         D main.       D wite 'Fatur Receipt will show to whom the article was delivered and the date delivered.         D Wite 'Fatur Receipt will show to whom the article was delivered and the date delivered.       4a. Article Number.         D The Return Receipt will show to whom the article was delivered and the date delivered.       4b. Service         D The Return Receipt will show to whom the article was delivered and the date delivered.       4b. Service         D The Item Receipt will show to whom the article was delivered and the date delivered.       4b. Service         D The Dubs, NM 88240       7. Date of D         S. Received By: (Print Name)       8. Addresses         S. Received By: (Print Name)       8. Addresses         S. Signature (Addressee (Agent)       5. Received By. (Print Name)         S. Signature (Addressee (Agent)       5. Received By.         P S Form 3811, December 1994       102565                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | batelqmoo 223900A NRUTAR vove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Thank you for using Return Receipt Service.<br>Is your <u>RETURN ADDRESS</u> completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                       | 4a. Article Number<br>4b. Service Type<br>Description<br>Begistered<br>Description<br>Provide Type<br>Begistered<br>Certified<br>Description<br>Provide Type<br>Rectified<br>Description<br>Provide Type<br>Rectified<br>Description<br>Provide Type<br>Rectified<br>Description<br>Provide Type<br>Rectified<br>Description<br>Provide Type<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Description<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Rectified<br>Recti | I also wish to receive the follow-<br>ing services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         2. □ Restricted Delivery         2. □ Restricted Delivery         7 ∞ 9 3 √ 7         7 ∞ 9 3 √ 7         8 waii       □ Insured         8 waii       □ Insured         8 waii       □ COD         8 waii       □ COD         8 waii       □ COD         8 waii       □ COD         9 ddress (Dniy if requested and       1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| return this<br>as not<br>mber.<br>e date                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a. Article Number<br>4b. Service Type<br>1b. Service Type<br>1c. Express Mail<br>1c. Express Mail<br>1c. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery<br>1. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | can return this<br>e does not<br>e number.<br>d the date<br>4b. Service Type<br>Tarpe Carpe<br>Ab. Service Type<br>Carpe Carpe<br>Ab. Service Type<br>Carpe Carpe<br>7. Date of Delivery<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>Diffect this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Diffect the Return Receipt Requested" on the mailpiece below the article number.<br>In Return Receipt will show to whom the article was delivered and the date<br>addressed. | 3. Article Addressed to:<br>Catholic Diocese Of Las Cruces 44.<br>1280 Med Park Dr<br>Las Cruces, NM 88005 71<br>Las Cruces, NM 88005 74.<br>5. Received By: (Print Name)<br>5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>0.0004 to L to C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         D Prinytour name and address on the reverse of this form so that we can return this card to you.       D Prinytour name and address on the reverse of this form so that we can return this card to you.         D Nitie Return Receipt Requested* on the malpices, or on the back if space does not permit. A featurn Receipt Requested* on the anticie was delivered and the date delivered.         D Write Return Receipt Requested* on the malpices below the article number.         D Write Return Receipt Requested to:         D The Return Receipt Will show to whom the article was delivered and the date delivered.         D Write Return Receipt Will show to whom the article was delivered and the date delivered.         D The Return Receipt Will show to whom the article was delivered.         D The Return Receipt Will show to whom the article was delivered.         D The Return Receipt Will show to whom the article was delivered.         D The Return Receipt Will show to whom the article was delivered.         D Article Addressed to:         D Article Dubs, NM 88240         Received By: (Print Name)         F. Signature (Addressee or Agent)         E. Signature (Addressee or Agent)         E. Signature (Addressee or Agent)         E. Signature (Addressee or Agent)         E. Signature (Addressee or Agent)         D |

-

| <b>N</b> o o o o o o o o o o o o o o o o o o o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I also wish to receive the follow-<br>ing services (for an extra fee):         we can return this<br>to does not         1.       Addressee's Address<br>and the date         2.       Restricted Delivery         and the date | سياسه مناجع المراجع                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I also wish to receive the follow-<br>ing services (for an extra fee):         we can return this         1. □ Addressee's Address         ace does not         2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Article Addressed to:<br>3. Article Addressed to:<br>Daniel J. Tucker<br>1020 E. Kansas<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4a. Article Number<br>2 577 009 3/3<br>4b. Service Type<br>Registered<br>Express Mail<br>2 Return Receipt for Merchandise<br>7. Date of Delivery                                                                                | you for using Return Receipt with show to whom the article was derivered.<br>3. Article Addressed to:<br>Michael K. Graves<br>101 W. Castle<br>Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the date<br>4a. Article Number<br>2 501 00 312<br>4b. Service Type<br>Besizered<br>Express Mail<br>Express Mail<br>7. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                 |
| 5. Received By: (Print Name)<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ol> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> <li>102595-99-B-0223</li> <li>Domestic Return Receipt</li> </ol>                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-8-0223 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                  |
| SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Driny our name and address on the reverse of this form so that we can return this card to you.       Drink proverse of this form so that we can return this card to you.         Drink form to the front of the mailpiece, or on the back if space does not permit.       Drink provide receipt requested* on the mailpiece below the article number.         Dwrite 'Faturn Receipt requested* on the mailpiece below the article number.       Diversed to:         Dwrite 'Faturn Receipt will show to whom the article was delivered and the date delivered.       Aa. Article Number.         Dwrite 'Raturn Receipt will show to whom the article was delivered and the date delivered.       Ab. Article Number.         Date off.       3. Article Addressed to:       Ab. Service         Jaminette E. Goode       Date of D       Abbs, NM 88240         Hobbs, NM 88240       7. Date of D | I also wish to received for an this ing services (for an this 1.                                                                                                                                                                | Complete items 1       Services         SENDER:       Complete items 1         Complete items 1       and/or 2 for additional services.         Complete items 3, 44, and 4b.       Complete items 3, 44, and 4b.         Print your name and address on the reverse of this form so that we can return this react byour name and address on the reverse of this form so that we can return this permit.         Attach this form to the front of the malipiece, or on the back if space does not permit.         Attach this form the caricle was delivered and the date delivered.         Abelar do Balderra ma         113 W. Castle         Hobbs, NM 88240         Return Receipt Hole         7. Date of D | Absolution       I also wish to receive the follow-<br>ing services (for an extra fee):<br>a can return this         we can return this       I. □ Addressee's Address         aca does not       2. □ Restricted Delivery         aca does not       2. □ Restricted Delivery         and the date       2. □ Restricted Delivery         4a. Article Number       009       318         4b. Service Type       Mccentified         □ Express Mail       □ Insured         7. Date of Delivery       0.00 |
| 5. Received By: (Print Name)<br>MC 1 : SSA (CCC) (2<br>6. Signature (Addressee or Ageny)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                                                                       | Present By: (Print Narge)<br>ELECTION (Print Narge)<br>ELECTION (Print Narge)<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>B. Addressee's Address (Only if requested and<br/>ee is paid)</li> <li>102595-99-B-0223 Domestic Return Receipt</li> </ul>                                                                                                                                                                                                                                                                                                                                                                        |

| I also wish to receive the follow-<br>ing services (for an extra fee):                                              | etum this 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4a. Article Number<br>2577 DO9 315 | 4b. Service Type                         | Express Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NY | 8. Addressee's Address Only if requested and tee is paid)                              | 102595-99-B-0223 Domestic Return Receipt | I also wish to receive the follow-<br>ing services (for an extra fee):       return this       1.       Addressee's Address<br>s not       2.       Destricted Delivery<br>date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4a. Article Number<br>7. 577 009 333                  | 4b. Service Type | ail<br>iot for Merchandise                                       | ssee!                                                      | 102595-99-B-0223 Domestic Return Receipt |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|
| 07 -                                                                                                                | <ul> <li>Definit your name and address on the reverse of this form so that we can return this card to you.</li> <li>Dattach this form to the front of the mailpiece, or on the back if space does not perform the return Receipt Requested" on the mailpiece below the article number.</li> <li>Divide Return Receipt will show to whom the article was delivered and the date determined.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3. Article Addressed to:           | Sandra Beth Hansard 40.<br>107 E. Palace | Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 5. Received By: (Print Name)<br>Sandro B. Hansard<br>B. Sigpature (Addressee or Agent) | PS Form 3811, December 1994              | <ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Complete items 4, and 4b.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Complete items 4, and 4b.</li> <li>Complete items 4, and 4b.</li> <li>Complete items 4, and 4b.</li> <li>Complete items 4, and 4b.</li> <li>Complete items 4, and 4b.</li> <li>Complete items 5, 4a, and 4b.</li> <li>Complete items 5, 4a, and 4b.</li> <li>Complete items 5, 4a, and 4b.</li> <li>Complete items 5, 4a, and 4b.</li> <li>Complete items 5, 4a, and 4b.</li> <li>Complete items 5, 4a, and 4b.</li> <li>Complete items 7, and 4b.</li> <li>Complete items 7, and 4b.</li> <li>Complete items 7, and 4b.</li> <li>Complete items 7, and 4b.</li> <li>Complete items 7, and 4b.</li> <li>Complete items 7, and 4b.</li> </ul> | aelivered.<br>3. Article Addressed to:<br>Virnit D.C. | 124 W Castle     | Hobbs, NM 88240                                                  | 5. Rebeived By: (Profit Names )                            | <br>PS Form <b>3811</b> , December 1994  |
| O's hite a                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                        | . SI                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | · - ·            |                                                                  | <br>                                                       | <br>                                     |
| DENUEK:<br>I also wish to receive the follow-<br>Complete items 3, at an dot:<br>Definition of a dot an extra fee): | Lartin your name and address on the reverse of this form so that we can return this unit you. The form to the front of the mailpiece, or on the back if space does not the facturit.  Detruit.  Detr | 1 009 319                          | e<br>A Certified                         | D Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Express Mail C Expr |    | 8. Addressee's Address (Only if requested and fee is paid)                             | 102595-99-B-0223 Domestic Return Receipt | SENDER:       1 also wish to receive the follow-<br>ing services (for an extra fee):         Complete items 1 and/or 2 for additional services.       1 also wish to receive the follow-<br>ing services (for an extra fee):         D Print your name and address on the reverse of this form so that we can return this<br>card to you.       1.       Addressee's Address<br>1.         D Write. 'Return Receipt Requested' on the mailpiece below the article number.       2.       Bestricted Delivery<br>2.       Serviced Delivery<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 009325                                                | 4b. Service Type | C Express Mail C Insured C R Hetum Receipt for Merchandise C COD | 8. Addressee's Address (Only if requested and fee is paid) | 102595-99-B-0223 Domestic Return Receipt |

Sour HETURN ADDRESS completed on the reverse side? Janis esiavai aur un paraidiuno comunado unto

| I also wish to receive the following services (for an extra fee):         m this       1. <ul> <li>Addressee's Address</li> <li>1.              <li>Aestricted Delivery</li> <li>1.             </li></li></ul>                                                                                                                                                                                                                                                                                                                                                          | 4a. Article Number<br>2.577009348<br>4b. Service Type<br>□ Registered<br>□ Express Mail<br>Express Mail<br>Preturn Receipt for Merchandise □ COD | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                     | 1       1 also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not       1. <ul> <li>Addressee's Address</li> <li>a heat in a date</li> <li>a structed Delivery</li> <li>b number.</li> <li>d the date</li> <li>2.              <ul> <li>Addressee's Address</li> <li>a how more in a stra fee):</li> <li>can return this</li> <li>1.</li></ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items 3, 4a, and 4b.<br>Complete items and address on the reverse of this form so that we can return this<br>card to you.<br>I attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>Different Receipt Maguested" on the mailpiece below the article number.                                                                                                                        | Addressed to:<br>ene Gaston<br>24 W. Castle<br>obbs, NM 88240                                                                                    | 5. Received By: (Print Marne)<br>8. Addre<br>6. Signature (Addressee or Agent)<br>PS Form <b>3811</b> , December 1994<br>102<br>102<br>102<br>102<br>102<br>102<br>102<br>102 | SENDER:       Complete litems 1 and/or 2 for additional services.         Complete litems 3, 4a, and 4b.       Complete litems 3, 4a, and 4b.         To work this form to the rout of the mailplece, or on the back if space eard to you.       Data this form to the front of the mailplece, or on the back if space eard to you.         Write 'Return Receipt will show to whom the article was delivered at Demail.       Write 'Return Receipt will show to whom the article was delivered at Diversed.         Write 'Return Receipt will show to whom the article was delivered at Diversed.       Write 'Return Receipt will show to whom the article was delivered at Diversed.         Write 'Return Receipt will show to whom the article was delivered at Diversed.       Write 'Return Receipt will show to whom the article was delivered at Diversed.         S. Article Addressed to:       Vernon H. Smith 101 E. Palace Hobbs, NM 88240         S. Received By: (Print Name)       S. Bignature (Addressee or Agen)         S. Bignature (Addressee or Agen)       PS Form 3811, December 1994                                                                                                               |
| and the set of the set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | you for using Return Reco                                                                                                                        | ISUTER Your RETURN                                                                                                                                                            | Thank you for using Return Receipt Service.<br>Is your RETURN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| follow-<br>fee):<br>ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lecrified                                                                                                                                        | 1 15                                                                                                                                                                          | I also wish to receive the follow-<br>ing services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         2. □ Restricted Delivery         Der       3/7         Der       3/7         Der       3/7         Der       3/7         Der       0/3/7         Der       1.1 Insured         Itor Merchandise       □ COD         ery       0/1         Address (Only if requested and         Locz3       Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Number<br>P7009<br>e Type<br>ared<br>s Mail<br>Aeceipt for Merchand<br>Delivery                                                                  | aid) Address (Or<br>aid) 5-99-8-0223 Dom                                                                                                                                      | I also wish to receive the foling services (for an extra feling services (for an extra feling services (for an extra feling services (for an extra felinery         1. □ Addressee's Address         2. □ Restricted Delivery         3. □ Restricted Delivery         3. □ Restricted Delivery         3. □ Restricted Delivery         3. □ Restricted Delivery         3. □ Restricted Delivery         3. □ Restricted Delivery         3. □ Restres         3. □ Res |
| SENDER:       1 also wish to         Complete items 1 and/or 2 for additional services.       1 also wish to         Complete items 3, 4a, and 4b.       1 ing services.         Drint your name and address on the reverse of this form so that we can return this card to you.       1 address.         D Atlach this form to the front of the mailpiece, or on the back if space does not permit.       2. Bestrict Destrict Destrict and the date         D Milach this form Receipt Medussted" on the article was delivered and the date       2. Restrict address. | mber<br>A lail<br>livery                                                                                                                         | 's Address<br>9-B-0223                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Sebis esteves and no beseldmos 223R00A NRUT3R your

ezg co

| I also wish to receive the follow-<br>ing services (for an extra fee):<br>1. □ Addressee's Address<br>2. □ Restricted Delivery                                                                                                                                                                                                                                                                                                                                                         | 7 009 3/ Lo<br>Accertified<br>Insured<br>Merchandise 0 coD                                                                                                                                                                | 8. Addressee's Address (Only if requested and<br>tee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                                                                                       | I also wish to receive the follow-ing services (for an extra fee):         his         1.           2.           Prestricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a. Article Number<br>25770093/4<br>4b. Service Type<br>Bregistered<br>Express Mail<br>Express Mail<br>Breturn Receipt for Merchandise □COD<br>7. Date of Delivery | 8. Addressee's Address (Only if requested and<br>fee is paid)<br>102595-99-B-0223 Domestic Return Receipt                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>Print your name and address on the reverse of this form so that we can return this<br>call of you.<br>In Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>The Paturn Receipt Maguested* on the mailpiece below the article number.<br>In The Reum Receipt will show to whom the article was delivered and the date<br>addressed.       | ddressed to:<br>us Rodriguez<br>ima Rodriguez<br>bs, NM 88240                                                                                                                                                             | 5. Received By: (Print Name) 8. Addressee<br>5. Received By: (Print Name) 8. Addressee<br>5. Signature (Addressee of Agent) 1000 1000 1000 1000 1000 1000 1000 10                                                                               | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Attach this form to the front of the malipiece, or on the back if space does not<br>D Attach this form to the front of the malipiece, or on the back if space does not<br>D Write 'Return Receipt Requested' on the malipiece below the article number.<br>D The Return Receipt will show to whom the article was delivered and the date<br>delivered. | Addressed to:<br>Rodriguez<br>tely Rodriguez<br>bbs, NM 88240                                                                                                      | 5. Baceived By: (Paint Mame)     8. Addressee       6. Signature (Addressee or Agent)     6. Signature (Addressee or Agent)       6. Signature (Addressee or Agent)     10. Signature (Addressee or Agent) |
| wish to receive the follow-<br>rvices (for an extra fee):<br>Addressee's Address<br>Restricted Delivery<br>aipt Service.                                                                                                                                                                                                                                                                                                                                                               | r you for using Return Rec<br>syou for using Return Rec<br>Recently Recently Rec                                                | ess (Only if requested and Is your RETUE<br>Domestic Return Receipt                                                                                                                                                                             | the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 009 41U<br>Merchandise □ COD<br>A 900 for using Return Red<br>Cyou for using Return Red<br>AN ADDRESS completed of                                                 | Domestic Return Receipt                                                                                                                                                                                    |
| laiso<br>ing se<br>2. □<br>2. □                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Aumber<br>Type<br>ed<br>Mail<br>Belivery                                                                                                                                                                                  | B-022                                                                                                                                                                                                                                           | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A Aail<br>Beipt fo                                                                                                                                                 | 's Ad                                                                                                                                                                                                      |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Attach this form to the front of the mailpiece, or on the back if space does not<br>permit.<br>D The Neturn Receipt Meguested" on the malipiece below the article number.<br>D The Return Receipt will show to whom the article was delivered and the date<br>dofto-return | Addressed to:     4a. Article Number       Raymond Bryant Jr.     7       Raymond Bryant Jr.     4b. Service Type       102 E. Palace     2       Hobbs, NM 88240     2       T. Date of Delivery     7. Date of Delivery | 5. Received By: (Print Name)     8. Addressee's Addressee's Addressee's Addressee's Addressee's Addressee or Again)       6. Signature (Addressee or Again)     102595-99-B-0223       PS Form <b>3811</b> , December 1994     102595-99-B-0223 | SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4b.<br>D Print your name and address on the reverse of this form so that we can return this<br>card to you.<br>D Attach this form to the front of the mailpiece, or on the back if space does not<br>D Attach this form to the front of the mailpiece, or on the back if space does not<br>D Mitle "Return Receipt Requested" on the mailpiece below the attick number.<br>The Return Receipt Will show to whom the article was delivered and the date<br>delivered.    | 4a. Article Number<br>2577009<br>4b. Service Type<br>3 Registered<br>Express Mail<br>7. Date of Delivery<br>7. Date of Delivery<br>9.239                           | E. Received By: (Print Name)     8. Addressee's Addr       E. Signature (Addressee or Agent)     102595-99-8-0223       PS Form 3811, December 1994     102595-99-8-0223                                   |

| Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I also wish to receive the follow-<br>ing services (for an extra fee):         1. □ Addressee's Address         2. □ Restricted Delivery         pe       XGertified         pin       XGertified         pin       COD         very       Conly if requested and         s Address (Only if requested and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not       1. <ul> <li>Addressee's Address</li> <li>B estricted Delivery</li> <li>B estricted Delivery</li> <li>Aticle Number</li> <li>Aticle Number</li> <li>Aticle Number</li> <li>Aticle Number</li> <li>Aticle Number</li> <li>Bestricted Delivery</li> <li>Common and the date</li> <li>Bestricted Delivery</li> <li>Common and and and and and and and and and an</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1     1       addx if space does not     1.       addx if space does not     2.       ow the article number.     2.       delivered and the date     2.       delivered and the date     1.       delivered and the date     2.       1     1.       1.     2.       1.     2.       1.     2.       1.     2.       1.     2.       1.     2.       1.     2.       2.     2.       3.     Addressee's Add       1.     1.02585-99-B-02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | as o that we can return this<br>back if space does not<br>tow the article number.<br>delivered and the date<br>delivered and the date<br>date date<br>delivered and the date<br>date date date date<br>date date date date date<br>date date date date date date date date<br>date date date date date date date date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Print your name and address on the reverse of this form to the address on the reverse of this form to the address on the malipiece, or on the back if space does not patimit.       Print your name and address on the reverse of this form so that we can return this card loyou.         Attach this form to the front of the malipiece, or on the back if space does not patimit.       Print your name and address on the reverse of this form to the dark addressed to:       Attach this form to the dark addressed to:         James A. De Soto       James A. De Soto       James A. De Soto       Attach the fortun Receipt will show to whom the article was delivered.         James A. De Soto       James A. De Soto       James A. De Soto       Attach the fortun Receipt represented and the date delivered.         James A. De Soto       James A. De Soto       James A. De Soto       Attach the fortun Receipt represented and the date delivered.         James A. De Soto       James A. De Soto       Attach the fortun Receipt represented and the date delivered.       Attach the fortun Receipt represented and the date delivered.         James A. De Soto       James A. De Soto       James A. De Soto       Attach the fortun Receipt represented and the date delivered.         James A. De Soto       James A. De Soto       James A. De Soto       Attach the date delivered.         James A. De Soto <t< td=""><td>Is SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1, and 40.       Complete items 1, and 40.         Tornylour name and address on the reverse of this form so that we can return this card to you.       This form to the front of the malipiece, or on the back if space does not perform the address of the malipiece, or on the back if space does not permit.         Match this form to the front of the malipiece, or on the back if space does not permit addressed to:       Addressed to:         Nrite: Return Receipt Mil show to whom the anticle was delivered and the date delivered.       Addressed to:         Suste R. Martiner       Anticle Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed         B. Signature (Addressee or Agent)       Addressea</td></t<> | Is SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 1, and 40.       Complete items 1, and 40.         Tornylour name and address on the reverse of this form so that we can return this card to you.       This form to the front of the malipiece, or on the back if space does not perform the address of the malipiece, or on the back if space does not permit.         Match this form to the front of the malipiece, or on the back if space does not permit addressed to:       Addressed to:         Nrite: Return Receipt Mil show to whom the anticle was delivered and the date delivered.       Addressed to:         Suste R. Martiner       Anticle Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed to:         Suste R. Martiner       Addressed         B. Signature (Addressee or Agent)       Addressea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Thank you for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| an return this       I also wish to receive the follow-<br>ing services (for an extra fee):         can return this       1. <ul> <li>Addressee's Address</li> <li>address</li> <li>addressee's Address</li> <li>address</li> <li>addressee's Address</li> <li>address</li> <li>addressee's Address</li> <li>address</li> <li>addressee's Address</li> <li>address</li> <li>addressee's Address</li> <li>address</li> <li>addressee's Address</li> <li>addressee's Address</li> </ul> <li>Addressee's Address (Only if requested and fee is paid)</li> <li>rozses-98-80-223 Domestic Return Receipt</li>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | an return this       1 also wish to receive the follow-<br>ing services (for an extra fee):         can return this       1. <ul> <li>Addressee's Address</li> <li>Addresse's Address</li> <li>a strumber</li> <li>b service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>c service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <li>d service Type</li> <lid li="" service<=""> <li>d service</li></lid></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| adner turn this ing ing ing a does not a does not 2. [<br>a does not 2. [<br>a number.<br>d the date a number 2. [<br>d the date 3. [<br>d the date 3. [<br>d the date a dot 2. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date a number 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [<br>d the date 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the 3. [] d the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a does not<br>a does not<br>le number.<br>d the date<br>d the date<br>Aa. Article Number<br>Ab. Service Type<br>Date of Delivery<br>7. Date of Delivery<br>fee is paid)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a, and 4b.       Complete items 3, 4a, and 4b.         Printypour name and address on the reverse of this form so that we can return this card to you.       Drintypour name and address on the malpiece, or on the back if space does not attend his form to the front of the malpiece below the article number.         Divine "Faurum Receipt Mill show to whom the article was delivered and the date drivered.       4a. Article Number.         Article Addressed to:       Article Addressed to:       4b. Service.         3. Article Addressed to:       Article Mill show to whom the article was delivered and the date drivered.       4b. Service.         3. Article Addressed to:       Article Addressed to:       4b. Service.       7. Date of D         3. Article Addressed by: (Print Name)       6. Suprature (Addressed or Control of D)       7. Date of D       7. Date of D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it services.<br>verse of this form so that we<br>ble mailpiece below the article<br>the article was delivered and<br>the article was |

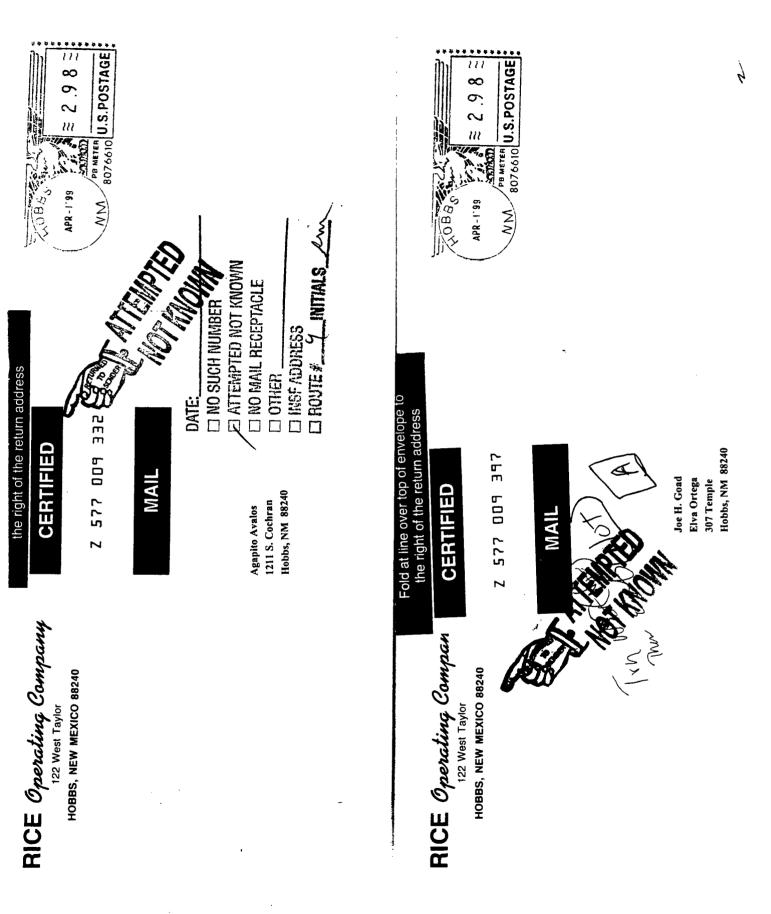
- -----

ļ

ł

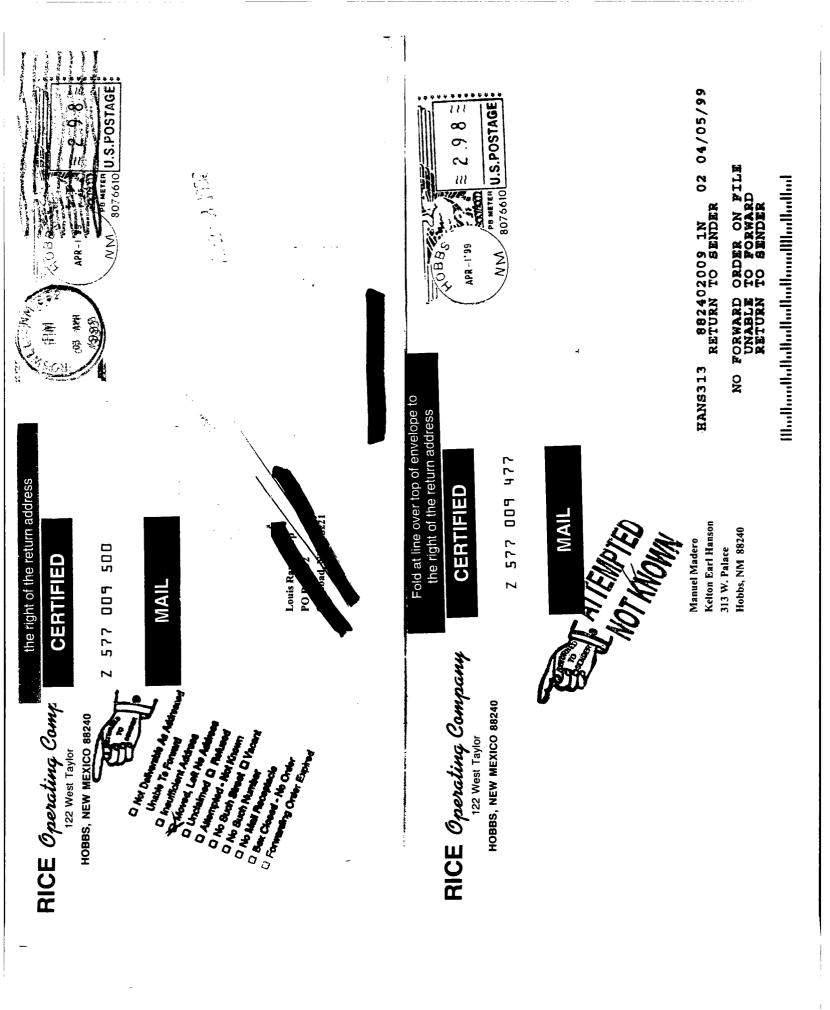
| I also wish to receive the following services (for an extra fee):         can return this addresses (for an extra fee):         can return this addresses (for an extra fee):         a does not the following services (for an extra fee):         a does not the following services (for an extra fee):         a does not the following services (for an extra fee):         a does not the following services (for an extra fee):         a does not the following for a does not the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following for the following following for the following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following follo                                                                                                                                                                                                                                                                                                                                                                                                                                  | I also wish to receive the follow-<br>ing services (for an extra fee):         can return this<br>a does not<br>d the date       I. <ul> <li>Addressee's Address</li> <li>Bestricted Delivery</li> <li>Restricted Delivery</li> <li>Bestrice Type</li> <li>Atricle Number</li> <li>Ab. Service Type</li> <li>Bestrice Type</li> <li>Begistered</li> <li>Bestrice Type</li> <li>Certified</li> <li>Bestrice Type</li> <li>Bestrice Type</li> <li>Cong 320,<br/>ab. Service Type</li> <li>Cong 320,<br/>bestrice Type</li> <li>Ab. Service Type</li> <li>Bestrice Type</li> <li>Bestrice Type</li> <li>Bestrice Type</li> <li>Cong 320,<br/>bestrice Type</li> <li>Addressee's Address (Only if requested and<br/>fee is paid)</li> </ul> <li>Iocses-ega-B-oc23 Domestic Return Receipt</li>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 for additional services.<br>d 4b.<br>ress on the reverse of this form so that we<br>ress on the mailpiece, or on the back if space<br>quested" on the mailpiece below the article<br>cuested" on the article was delivered at<br>the how to whom the article was delivered at<br>bow to whom the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article was delivered at<br>the article | 2 for additional services.<br>a 40.<br>ress on the reverse of this form so that we<br>ress on the maiplece, or on the back if space<br>aquested" on the maiplece below the article<br>thow to whom the article was delivered article<br>thow to whom the article was delivered article<br>age of Agent)<br>references<br>and a contract of the article<br>age of Agent)<br>and a contract of the article<br>age of Agent)<br>and a contract of the article<br>age of Agent)<br>and a contract of the article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>article was delivered article<br>age of the article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article was delivered article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article<br>age of the article |
| Image: Service.     Image: Service.       Is your for using Return Receipt Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Is your RETURN ADDRESS completed on the reverse side?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1 also wish to receive ing services (for an explored peliver)         1. □ Addressee's Addressee's Address and the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the                                                                                                                                                                                                                                                                      | 1 also wish to receive 1 ing services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (for an exiting services (f                                                                                                                                                                                       |
| SENDER:<br>Complete items 1 and/or 2 for additional services.<br>Complete items 3, 4a, and 4 for<br>Complete items 3, 4a, and 4 for<br>and to you.<br>I attain free and ite for<br>Print if form the source on the back if space does not<br>add to you.<br>I attain free and ite date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the date<br>add to you.<br>I attain free and the and<br>I attain add to you.<br>I attain free and the and<br>I attain add to you.<br>I attain add to you.<br>I attain a state<br>add to you.<br>I attain a state<br>I attain a s       | SENDER:       Complete items 1 and/or 2 for additional services.         Complete items 3, 4a and 4b.       Print your name and a ducess on the reverse of this form so that we can return this card to you.         Print your name and address on the reverse of this form so that we can return this card to you.       Drint your name and a ducess on the reverse of this form so that we can return this card to you.         Complete items 3, 4a and 4b.       Print your name and address on the reverse of this form so that we can return this card to you.         Card to you.       Card to you.         Card to you.       Write 'Return Receipt will show to whom the article was delivered and the date delivered.         Write 'Return Receipt will show to whom the article was delivered and the date delivered.       4a. Article NATICLE                                                                                                                                                                                                                                                                                                                                                                                                               |

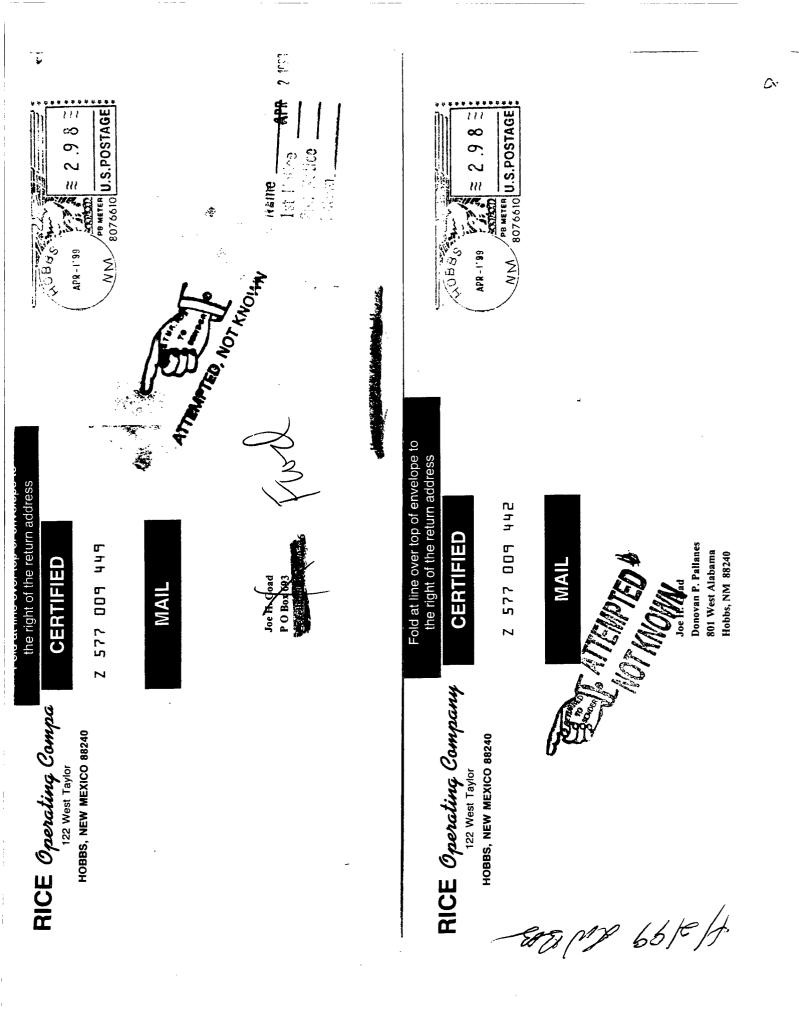
ļ

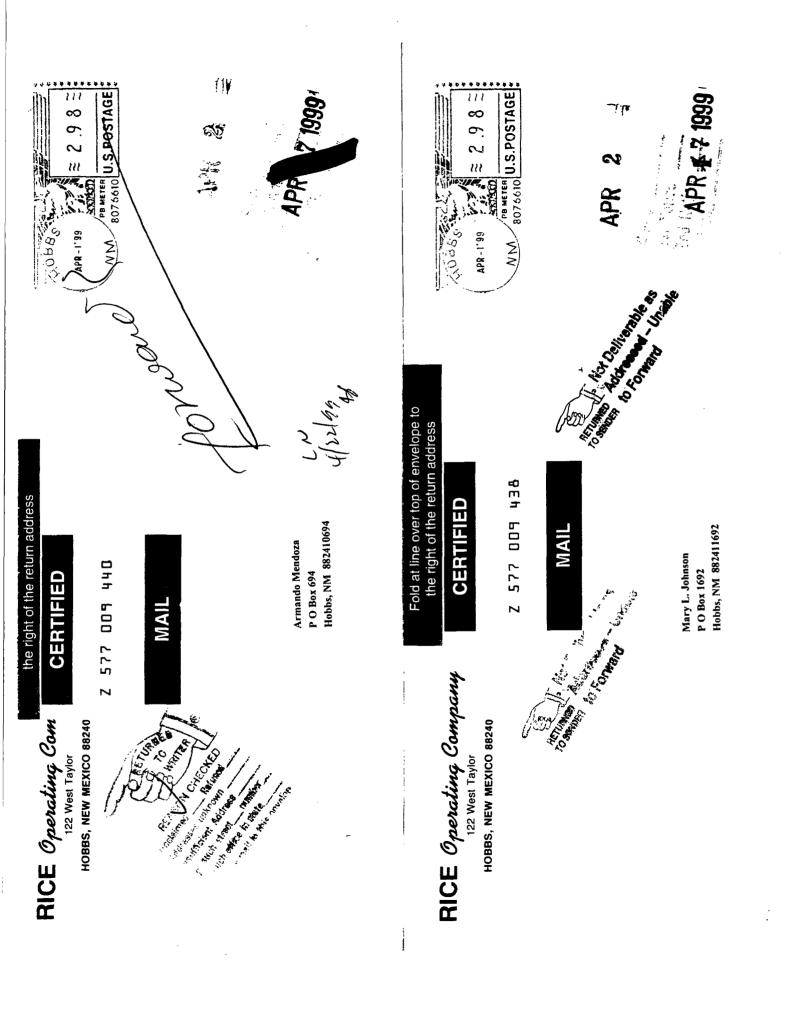


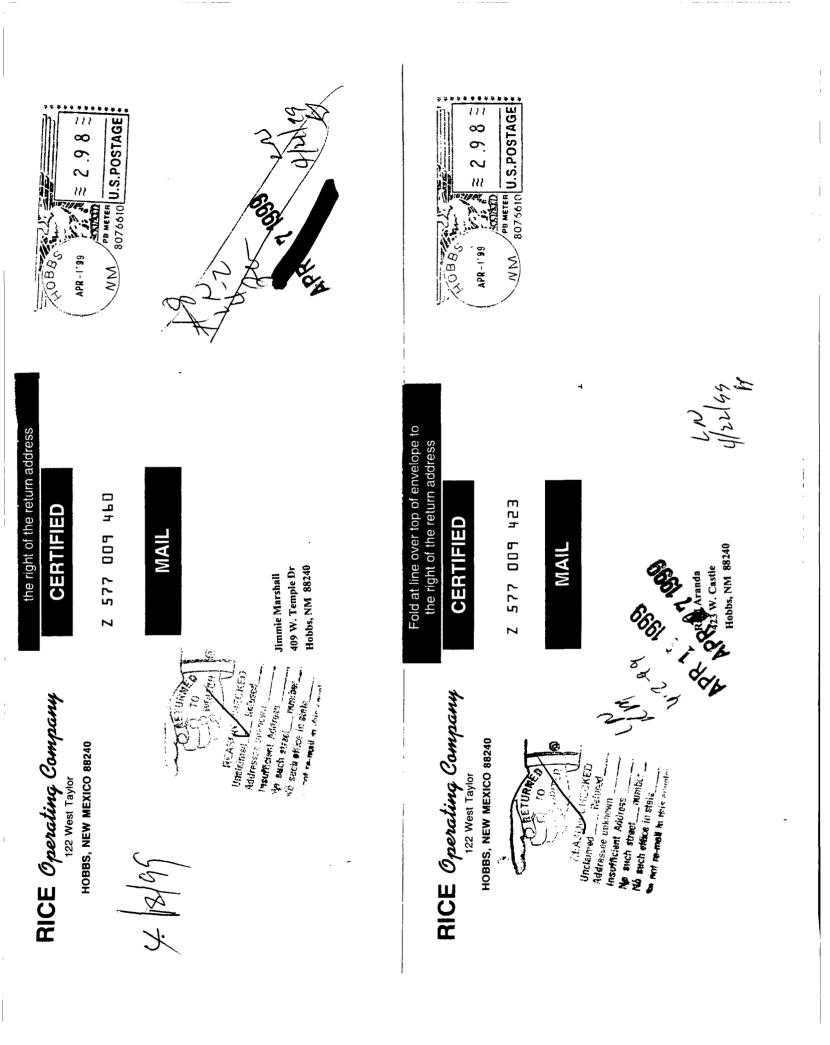
;

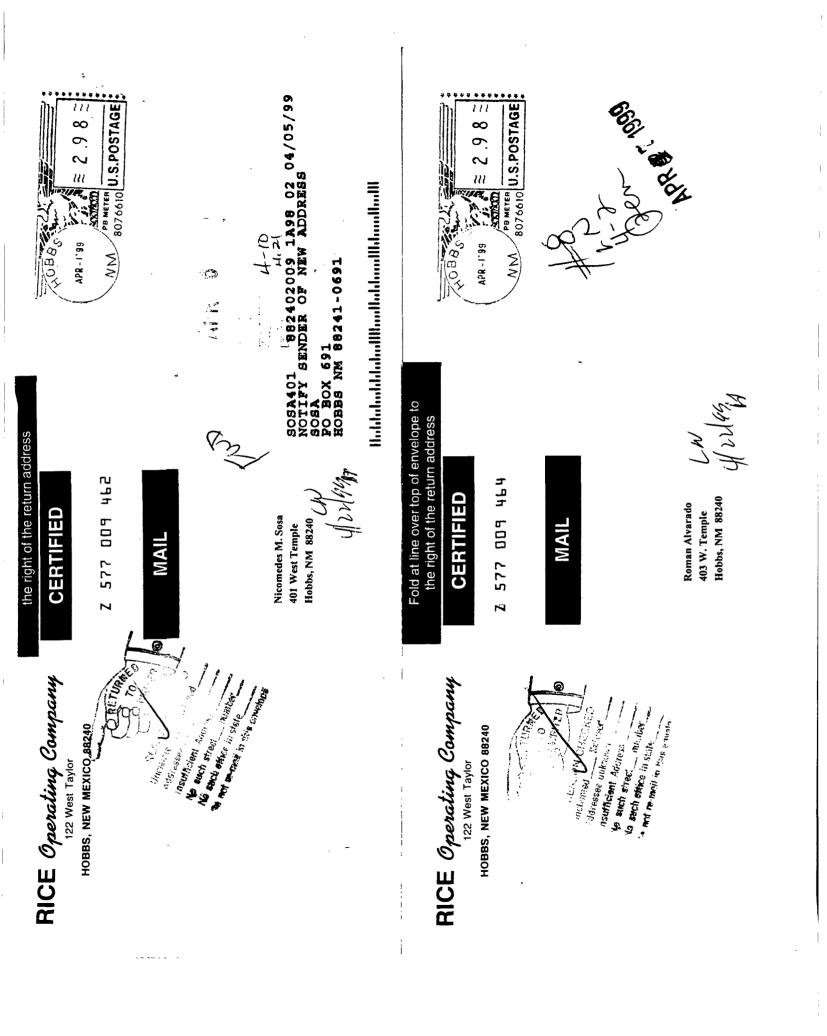
•••

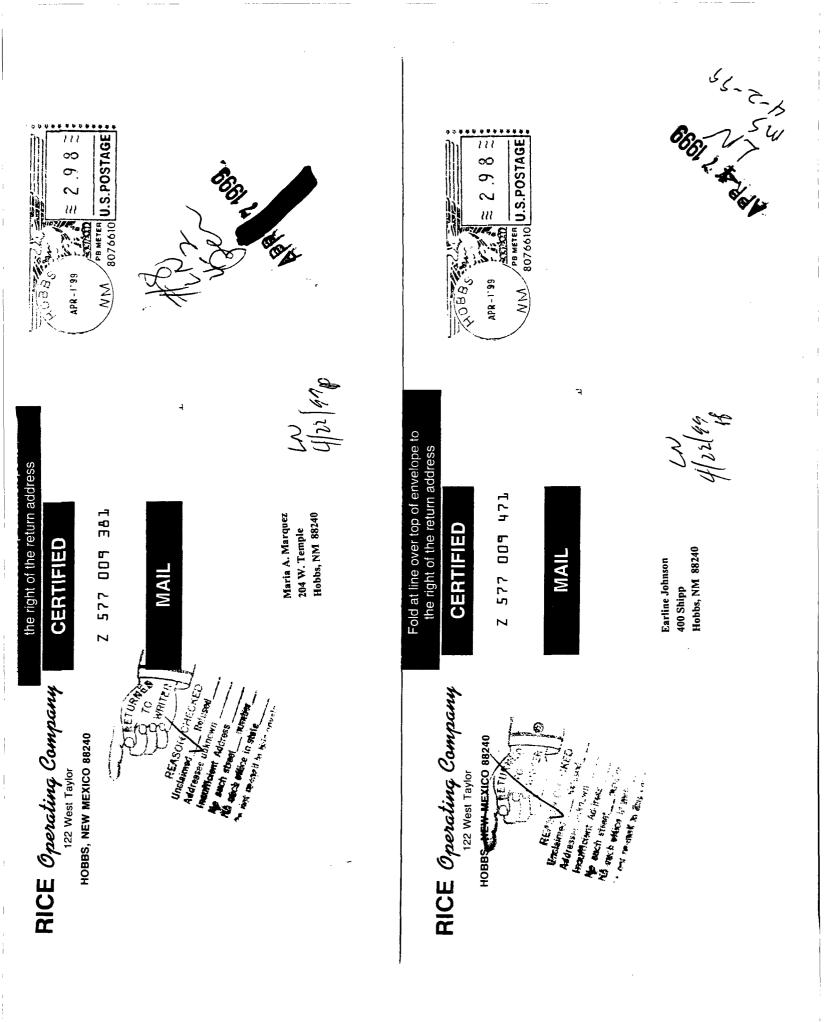


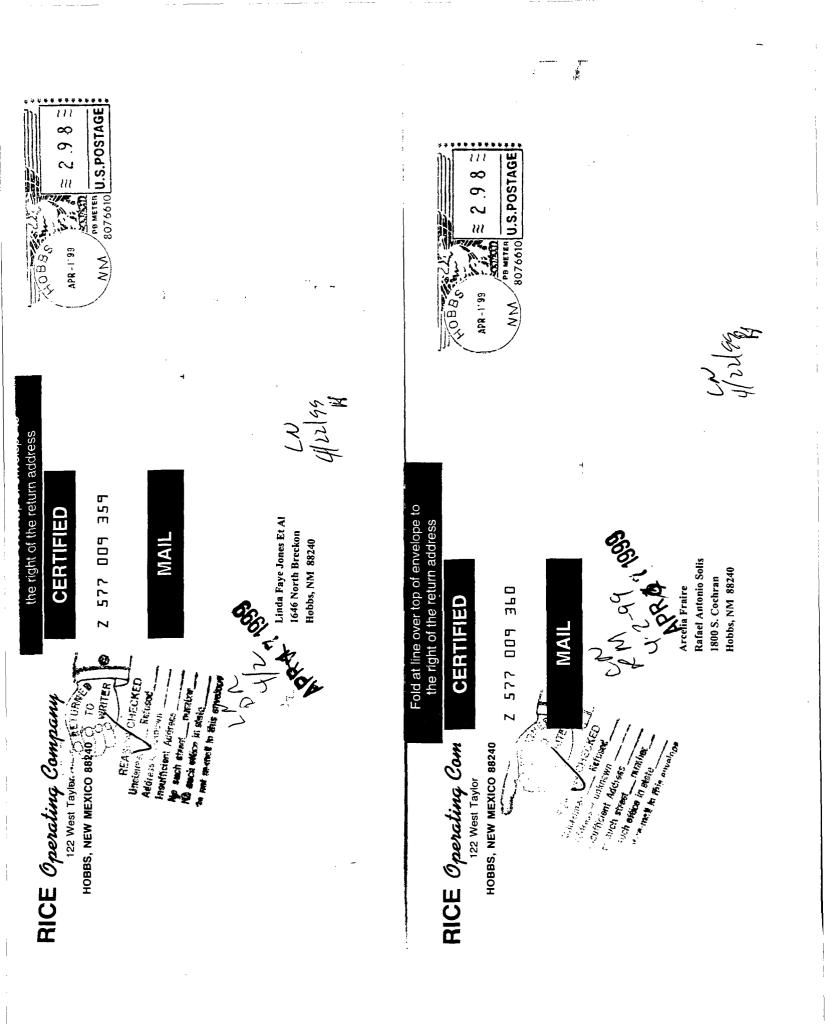


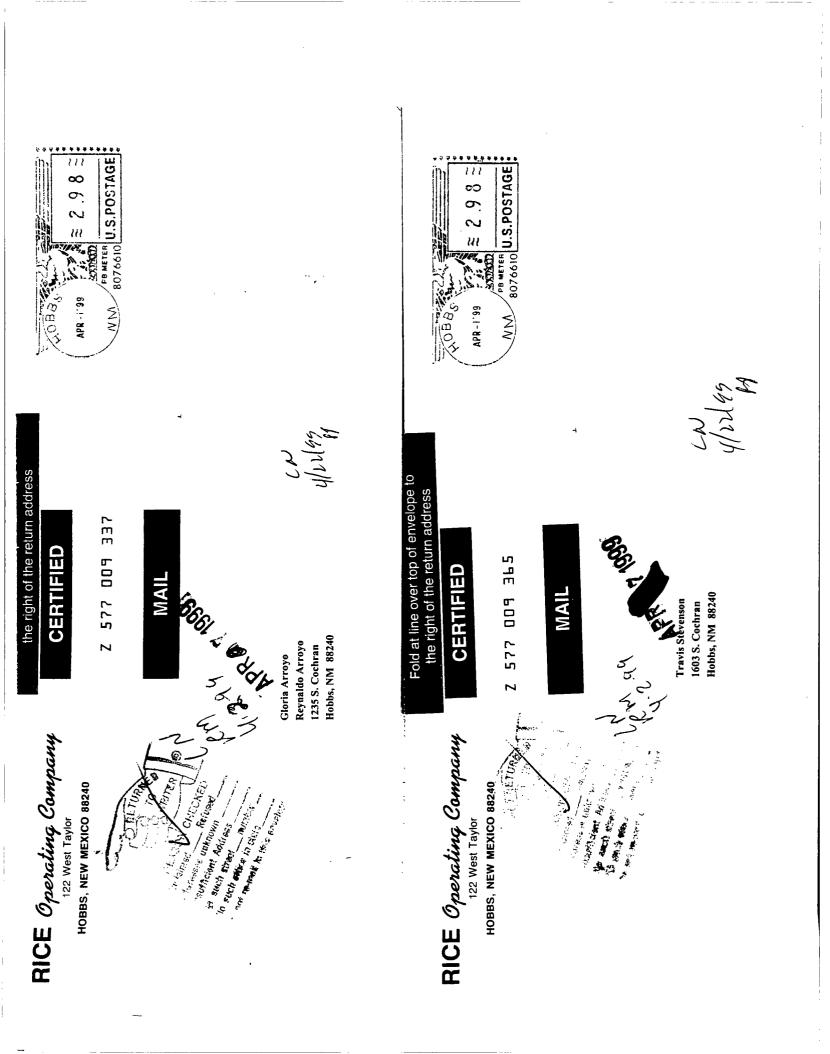














the right of the return address

CERTIFIED

RICE Operating Compan"

6661 - 2 1999 1.8.79 SECOND NOTICE RETURN イーク FIRST NOTICE 皆 Ž

577 009 436 Silver Clty, M 88061 velivery MAIL Warŋ Charlen General C N

C Not Deliverable As Addressed Woved, Let No Address Nuthclaimed & Refused Attempted - Not Knowm a No Such Street a Number <sup>1</sup> Returned for Better Address SÉNOER HOBBS, NEW MEXICO 88240 Unable To Forward a Insufficient Address <sup>1</sup> Box Closed - No Order D Vacant D Illegible <sup>[]</sup> No Mail Recapiacie 122 West Taylor D Postage Due

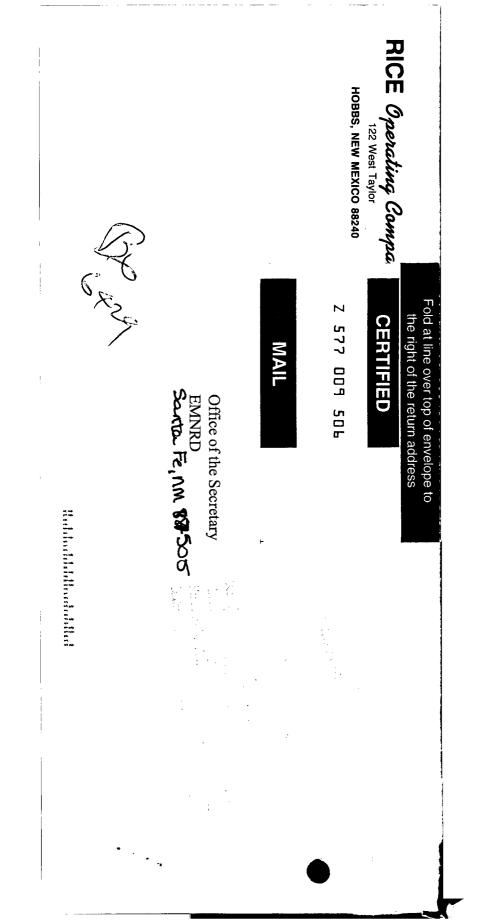
۱

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

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505)393-9174 , 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 Abatement Plan Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately .6 miles southwest of Hobbs, NM in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Rice Operating Company operates a salt water disposal pipeline at the Phase-separated hydrocarbon (PSH) has been observed on the site. ground water. The Stage 1 Abatement Plan Proposal presents the following subsurface investigation activities: determine site geology and hydrogeology; conduct a registered water well search within a 1 mile radius of the site; install a minimum of 3 monitoring wells; if necessary, install additional wells; collect soil samples for field screening and/or laboratory analysis from each boring; collect ground water samples for laboratory analysis from each monitoring well; obtain depth to ground water measurements and calculate the ground water gradient and direction; survey all well locations by a professional land surveyor registered in the State of New Mexico; and prepare a report summarizing field activities and laboratory results.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage 1 Abatement Plan Proposal, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted.





NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT



OIL CONSERVATION DIVISION 2040 South Pachace Street Santa Fe, New Mexice 87605 (505) 827-7131

March 25, 1999

### CERTIFIED MAIL RETURN RECEIPT NO: Z 357 870 113

Carolyn Doran Haynes Operations Engineer Rice Operating Company 122 West Taylor Hobbs, New Mexico 88240

RE: Stage I Abatement Plan Junction I-9 Release Site NE 1/4 SE 1/4 Section 09-Ts19s-R38e Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Ms. Haynes:

The New Mexico Oil Conservation Division (OCD) has reviewed Rice Operating Company 's (ROC) January 19, 1999 Stage I Abatement Plan for the above referenced site. This document contains ROC's Stage 1 Abatement Plan Proposal for investigating ground water contamination resulting from a salt water disposal pipeline spill at ROC's Junction I-9 Release site.

The OCD has determined that the Stage 1 Abatement Plan Proposal is administratively complete. Before the OCD can issue approval of the Stage 1 proposal, the OCD requires that:

- 1. ROC issue by April 9, 1999 the attached public notice of the Stage 1 proposal in the Albuquerque Journal, Hobbs News Sun and the Lovington Daily Leader pursuant to OCD Rule 19.G.(2).
- 2. Prior to issuing the public notice, ROC will also issue written notice of the Stage 1 proposal pursuant to OCD Rule 19.G.(1). For written notification of "those persons, as identified by the Director, who have requested notification" pursuant to OCD Rule 19.G.(1).(d), enclosed you will find a 3.5" disk containing a "WordPerfect" listing of those persons.

Please provide the OCD with proof of notice upon completing issuance of the written and public notice. If you have any questions, please contact Wayne Price of my staff at (505) 827-7155.

Sincerely,

and

Roger C. Anderson Environmental Bureau Chief

xc: Chris Williams, OCD Hobbs District Office Bill McNeill- Landowner

· · · E

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

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, Carolyn Doran Haynes, Operations Engineer, Telephone (505)393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 Abatement Plan Proposal for the Pipeline Junction I-9, Hobbs Salt Water Disposal System, located approximately .6 miles southwest of Hobbs, NM in the NE 1/4, SE 1/4 of Section 09, Township 19 South, Range 38 East, NMPM, Lea County, New Mexico. Rice Operating Company operates a salt water disposal pipeline at the site. Phase-separated hydrocarbon (PSH) has been observed on the ground water. The Stage 1 Abatement Plan Proposal presents the following subsurface investigation activities: determine site geology and hydrogeology; conduct a registered water well search within a 1 mile radius of the site; install a minimum of 3 monitoring wells; if necessary, install additional wells; collect soil samples for field screening and/or laboratory analysis from each boring; collect ground water samples for laboratory analysis from each monitoring well; obtain depth to ground water measurements and calculate the ground water gradient and direction; survey all well locations by a professional land surveyor registered in the State of New Mexico; and prepare a report summarizing field activities and laboratory results.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage 1 Abatement Plan Proposal, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted.

**RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

### CERTIFIED MAIL RETURN RECEIPT NO: P 622 726 279

January 19, 1999

Mr. Wayne Price New Mexico Energy and Minerals Department Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505 RECEIVED

JAN 2 0 1999

Environmental Eureau Oil Conservation Division

Re: Stage I Abatement Plan Junction I-9 Release Site Unit Letter I, Section 9 of T19S R38E Hobbs Salt Water Disposal System Lea County, New Mexico

Mr. Price:

Enclosed is the Stage I Abatement Plan required by your letter dated December 17, 1998. I have also enclosed a draft Notice of Publication. Within 15 days after the New Mexico Oil Conservation Division (OCD) determines that the Stage I Abatement Plan is administratively complete, Rice Operating Company will issue public notice in a form approved by OCD in a newspaper of general circulation in the county in which the release occurred, and in a newspaper of general circulation in the State. Prior to public notice, Rice shall give written notice, as approved by the OCD, of this Stage I Abatement Plan to the following persons:

- Surface owners of record within 1 mile of the perimeter of the geographic area where the standards and requirements are exceeded.
- The County Commission for the geographic area where the standards and requirements are exceeded is located.
- The appropriate city official(s) for the geographic area where the standards and requirements are exceeded is located.

- Those persons, as identified by the Director, who have requested notification.
- The New Mexico Trustee for Natural Resources, and any other local, state, or federal governmental agency affected, as identified by the Director, which shall be notified by certified mail.
- The appropriate Governor or President of any Indian Tribe, Pueblo or Nation if the geographic area where the standards and requirements are exceeded is located or partially located within tribal boundaries or within 1 mile of the tribal boundaries, who shall be notified by certified mail.

Please contact me at (505) 393-9174 with your comments or suggested changes.

Sincerely,

7. Wesley Root

F. Wesley Root Projects Manager

Enclosure: Notice of Publication

RECEIVED

JAN 2 0 1999

Environmental Eureau Oil Conservation Division

Cc. Mr. Chris Williams, NMOCD District I Office Mr. Loy Goodheart, Rice Operating Company Mr. Ken Hasten, Rice Operating Company File

## State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage I Abatement Plan has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, Telephone (505) 827-7131:

Rice Operating Company, F. Wesley Root (505) 393-9174, 122 West Tavlor. Hobbs, New Mexico 88240, has submitted a Stage I Abatement Plan Proposal for Pipeline Junction I-9, Hobbs Salt Water Disposal System, 0.6 miles southwest of Hobbs in the NE/4, SE/4 of Section 09, Township 19 South, Range 38 East, Lea County, New Mexico. The site is approximately one acre where Rice Operating Company operates a saltwater disposal pipeline. Light Non-Aqueous Phase Liquid (LNAPL) has been observed on the ground water. The Stage I Abatement Plan presents the following subsurface investigation activities: determine site geology and hydrogeology, and physical properties of the aquifer; conduct a registered water well search within a one mile radius of the site; installation of monitoring wells to delineate impact at the site; collect soil and groundwater samples for laboratory analysis from each monitor well to determine the magnitude of impact to ground water; survey all well locations to establish a relative datum; obtain depth to ground water measurements; calculate the ground water gradient and flow direction; and prepare a report summarizing field activities and laboratory results.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage I Abatement Plan may be viewed at the above address or at the Oil Conservation Division District Office, 1000 West Broadway, Hobbs, New Mexico 88240, Telephone (505) 392-4046, between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Stage I Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which comments may be submitted to him.

JAN 2 0 1053 Environmental Surger Cil Conservation Division



OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

# Memorandum Of Conversation

<u>Telephone</u> XX Meeting

Date: December 17, 1998 Time: 11:00 am

To: W Price-NMOCD

From: Wes Root-Rice Operating Co.

Re: Abatement Plan (AP-8) Requirement Rice Operating Company Hobbs Salt Water Disposal System UL I-Sec 9-Ts19s-R38e Lea County, New Mexico

### **Discussions:**

Wes Root requested permission to install three monitor wells in addition to the one recovery well requested in letter/fax dated 12/15/98. This decision was made after ROC confirmed there is a nearby domestic water well.

### **Conclusions/Agreements:**

NMOCD will grant permission in letter with conditions to be drafted today and faxed.

ROC will fax request in writing today.

cc:

attachments-



OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

Certified Mail Return Receipt No. Z 357 870 111

December 16, 1998

Mr. Bill McNeill P.O. Box 1058 Hobbs, NM 88241 505-392-8790

Re: Abatement Plan (AP-8) Requirement Rice Operating Company Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Mr. McNeill:

New Mexico Oil Conservation Division (NMOCD) hereby gives notice that NMOCD has required Rice Operating Company to submit an Abatement Plan for the above referenced facility located in Unit Letter I, Section 9-Ts 19s-R38e, pursuant to NMOCD Rule 19 (Prevention and Abatement of Water Pollution). A copy of Rule 19 has been enclosed for your information.

Pursuant to our telephone conversation on December 15, 1998 NMOCD understands that you are the current land owner and that one of your down gradient water wells approximately 1/4 mile away which is used for watering domestic stock has been impacted from this spill. We understand your technical adviser has sampled this well to verify this fact and has indicted to you that ground water movement could be as high as three feet per day. In order to expedite this matter NMOCD respectfully requests that you send us a map showing the location of your well in reference to the spill, the analytical results of any water quality sampling, and information from your technical adviser as to the ground water flow rate.

NMOCD understands you wish to intervene in this case and will copy you on all correspondence concerning this issue. NMOCD is very concerned about any oilfield groundwater contamination in the state of New Mexico and requires that a responsible person abate pollution in accordance with all applicable rules and regulations.

If you require any further information or assistance please do not hesitate to write or call me at (505-827-7155).

Sincerely Yours,

Wayne Price

Wayne Price-Environmental Bureau

cc: Roger Anderson-Environmental Bureau Chief, Santa Fe, NM Lori Wrotenbery-NMOCD Director Mr. Wes Root-Rice Operating Co.-Hobbs OCD District I Office-Hobbs

attachments-1

file: O/wp/mcneille

**RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

December 15, 1998

Mr. Wayne Price New Mexico Energy and Minerals Department Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505

Re: Junction I-9 Release Site Unit Letter I, Section 9 of T19S R38E Hobbs Salt Water Disposal System Lea County, New Mexico

Mr. Price:

Rice Operating Company requests that the New Mexico Oil Conservation Division approve the installation of a recovery well at the above listed site as an interim abatement measure.

As we discussed during our telephone conversation this morning, the well would be used to recover crude oil floating on top of the water table at the site until an abatement plan pursuant to 19 NMAC 15.A.19 can be approved and implemented. A site map showing the proposed location for the recovery well (RW-1) and well construction diagram are enclosed.

Crude oil would be recovered by manually bailing the well a minimum of three days per week. The initial bailing schedule will be Monday, Wednesday, and Friday. After measuring the volume of crude oil recovered during each bailing event, the recovered fluids will be placed back into the Hobbs Salt Water Disposal System for disposal. A monthly summary of the crude oil volume recovered, including a cumulative total, will be prepared and kept on file at our Hobbs Office.

Your prompt response to this request will greatly assist our abatement efforts. If you have any questions please feel free to call.

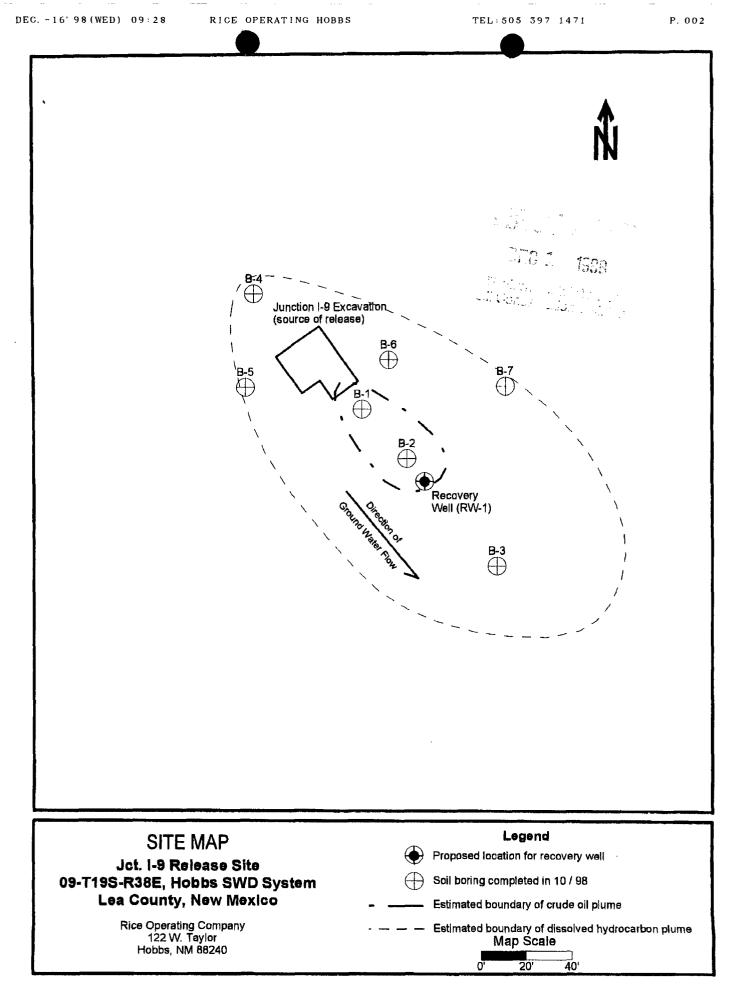
Sincerely,

F. Wesley Root

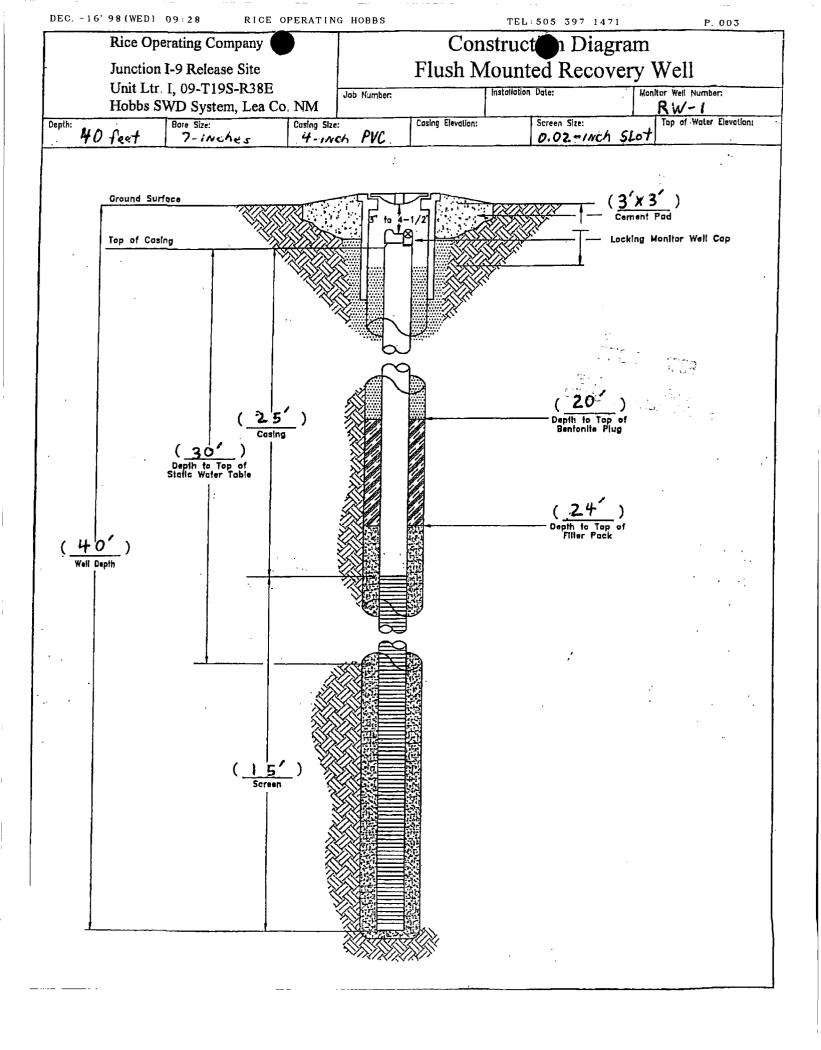
F. Wesley Root Projects Manager

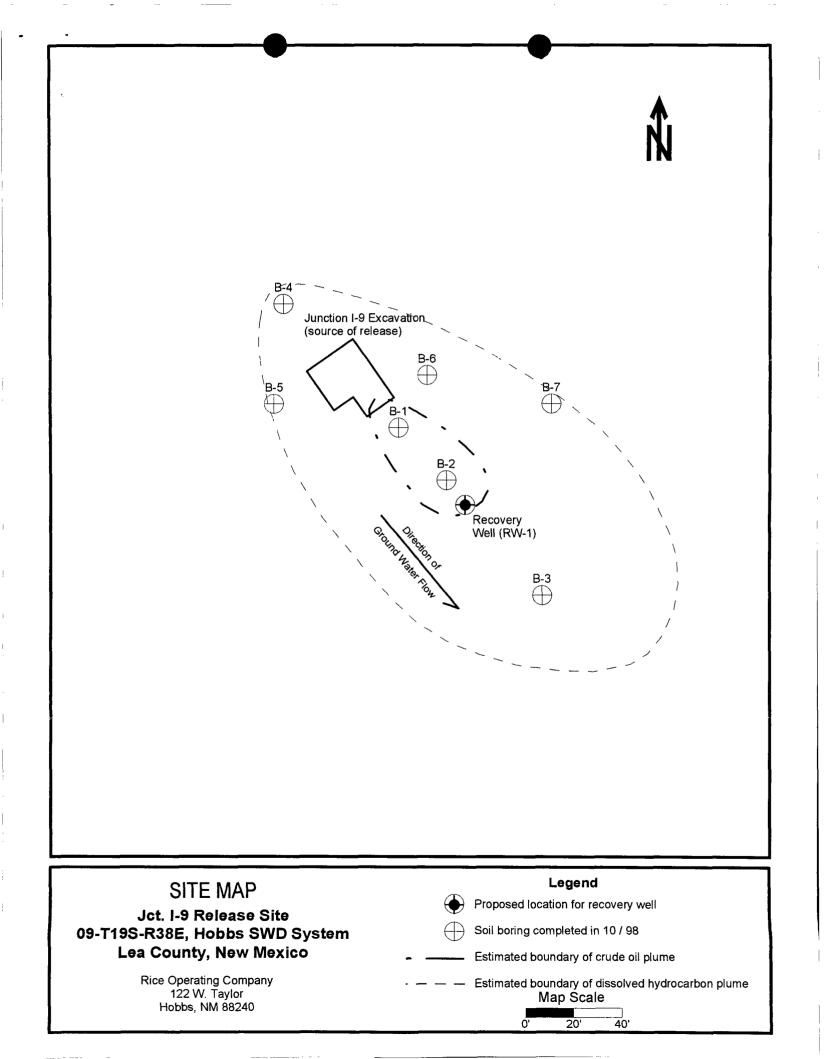
Enclosure

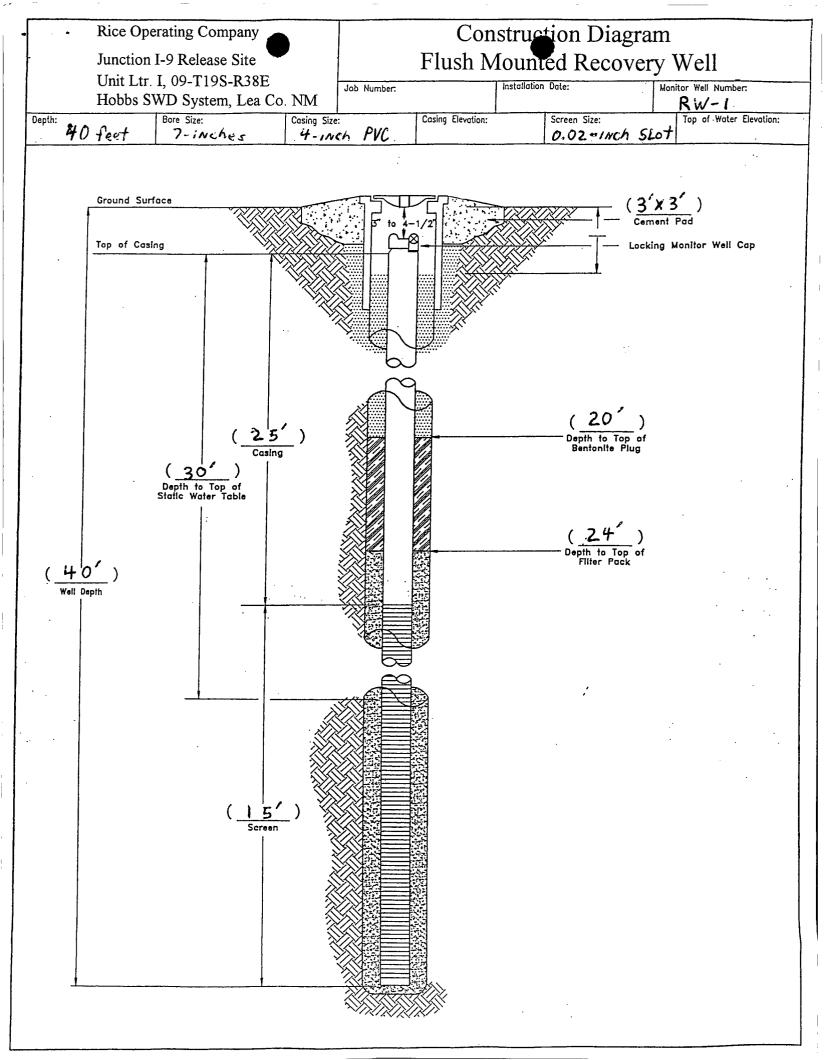
cc. Mr. Chris Williams, NMOCD District I Office KH. File



\_\_\_\_\_







| 2040 South Pacheco         Santa Fe, NM 87505         (505) 827-7133         Fax: (505) 827-8177         (PLEASE DELIVER THIS FAX)         To: Diff S Root - Ries Ewgn 505- 397- 1471         From: Diff S Root - Ries Ewgn 505- 397- 1471         From: Diff S Root - Ries Ewgn 505- 397- 1471         Message: EXAMPLE of Polkic Police For         Message: EXAMPLE of Polkic Police For         Mat & Moort Plans !         If you have any trouble receiving this, please call: (505) 827-7133 | Santa Fe, NM 87505<br>(505) 827-7133<br>Fax: (505) 827-8177<br>(PLEASE DELIVER THIS FAX)<br>To: <u>WES Root - Ries Engr</u> 505-397-1471 |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (505) 827-7133<br>Fax: (505) 827-8177<br>(PLEASE DELIVER THIS FAX)<br>To: <u><i>WES</i> Root - Ries ENGR</u> 505-397-1471<br>From: <u><i>WAYUK</i> PRIZE - OCD</u><br>Date: <u>12/15/78</u><br>Message: <u>EXAMPLE</u> of PUBLIC Notice For<br><i>MATE MEDT</i> PLANS!                                                                                                                                                                                                                              | (505) 827-7133<br>Fax: (505) 827-8177<br>(PLEASE DELIVER THIS FAX)<br>To: <u>WES Root - Rice ENGR</u> 505-397-1471                       |          |
| Fax: (505) 827-8177         (PLEASE DELIVER THIS FAX)         To:       21E 5 Root - Ries Engr 505-397-1471         From:       21Ayuk Price - OCO         Date:       12/15/75         Message:       EXAMPLE OF PUBLIC Notice For         MAte mout PLANS!                                                                                                                                                                                                                                        | Fax: (505) 827-8177<br>(PLEASE DELIVER THIS FAX)<br>To: <u>WES Root - Rice Engr</u> 505-397-1471                                         |          |
| (PLEASE DELIVER THIS FAX)<br>To: <u>WESS Root - Ries Engr</u> 505-397-1471<br>From: <u>WAYNE PRIES- OCO</u><br>Date: <u>12/15/78</u><br>Message: <u>EXAMPLE of PUBLIC Notice For</u><br><u>NOAtE MENT PLANS</u> !<br>If you have any trouble receiving this, please call:                                                                                                                                                                                                                           | (PLEASE DELIVER THIS FAX)<br>To: WES Root - Rice ENGR 505-397-1471                                                                       | =        |
| To: <u>WES Root - RIEE ENGR</u> 505-397-1471<br>From: <u>WAYWE PRIEE OCD</u><br>Date: <u>12/15/78</u><br>Message: <u>EXAMPLE of PUBLIC Notice For</u><br><u>NAAte MENT PLANS</u> ?<br>If you have any trouble receiving this, please call:                                                                                                                                                                                                                                                          | To: WES Root - RICE ENGR 505-397-1471                                                                                                    |          |
| From: <u>WAYNE PRIZE OCD</u><br>Date: <u>IR/IS/98</u><br>Message: <u>EXAMPE of PUBLIC Notice For</u><br><u>ADAte ment PLANS</u> !<br>If you have any trouble receiving this, please call:                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |          |
| Date: 12/15/98<br>Message: EXAMPLE of PUBLIC Notice For<br>10Ate meat PLANS?<br>If you have any trouble receiving this, please call:                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | <u>.</u> |
| Message: <u>EXAMPE of Public Notice For</u><br>NOAt & Mount PLANS !<br>If you have any trouble receiving this, please call:                                                                                                                                                                                                                                                                                                                                                                         | From: WAYNE PRIZE - OCD                                                                                                                  |          |
| If you have any trouble receiving this, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date: 12/15/98                                                                                                                           |          |
| If you have any trouble receiving this, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Message: EXAMPLE of Public NoticE For                                                                                                    | <u> </u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ABATE MENT PLANS !                                                                                                                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |          |

, =

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

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 Abatement Plan (site investigation) proposal has been submitted to the Director of the Oil Conservation Division, 2040 South Pacheco. Sante Fe, New Mexico 87505, Telephone (505) 827-7131;

Shell Oil Company, Wayne Hamilton, (800) 489-8109, 200 North Dairy Ashford, Houston, Texas 77079, has submitted a Stage 1 Abatement Plan (Site Assessment) proposal for the former Grimes Tank Battery site, Tasker Road site and portions of the Westgate Subdivision. Portions of the sites contain petroleum residues from former oil and gas operations. The abatement plan addresses: a) Site history, b) Proposed work in the Westgate Subdivision, Grimes Battery and Tasker Road locations, c) Quality assurance, d) Work schedule, e) Health and Safety Plan and, f) References. The Stage 1 Abatement Plan (site assessment) will define petroleum in the soil and groundwater to prepare a Stage 2 Abatement Plan (site remediation).

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan (Site assessment) proposal may be viewed at the above address or at the Oil Conservation Division District 1 Office, 1000 W Broadway, Hobbs, New Mexico 88240, Telephone (505) 393-6161, between 8:00 a.m. and 3:30 p.m., Monday through Friday. Prior to ruling on any proposed Stage 1 Abatement (site investigation) plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which comments may be submitted.

May 18, 1998

| Post-It* Fax Note 767 | Date # of pages       |
|-----------------------|-----------------------|
| To Bill Olson         | From Wayne Hamilton   |
| Co./Dept.             | Co.                   |
| Phone #               | Phone # 281-544 -2322 |
| Fax # 305- 827-8177   | Fax #                 |

Bill McNeill P.O. Box 1058 Habbs 88241

505-392-8790 LAND OWNER ! 



# NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT Wavne

OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

From:Williams, ChrisSent:Tuesday, December 15, 1998 4:11 PMTo:Price, WayneCc:Anderson, RogerSubject:FW: Groundwater contamination case-Ref UL-I Sec 9-T19-38E, McNeill Ranch

From: Williams, Chris Sent: Wednesday, November 18, 1998 4:48 PM To: Wrotenbery, Lori Cc: Olson, William Subject: Groundwater contamination case-Ref UL-I Sec 9-T19-38E, McNeill Ranch

Lorie- I met with Bill McNeill today (11/18/98) and discussed with him the problems he is having in dealing with Rice Operating Co. pertaining to a pipeline leak that occurred on his private land 6/5/98. The leak was called in to this office on the same day according to the C141. The C141 was filed on or about the time.(The date stamp was missing) Wayne Price calculated based on Rice's information that the penetration of the leak would be less than one foot.

Bill Olson has received word from Rice that the leak has impacted groundwater on 10/22/98 and they are being required to submit a groundwater abatement plan.

Mr. McNeill is upset about the time it has taken to get Rice to do the investigation to determine that groundwater had been impacted. I explained the normal process that we use in investigation of spills and leaks. At the time, when I was discussing the situation with Mr. McNeill I did not know that this leak had been reported by Rice.

I believe that Mr. McNeill feels that we are not doing our jobs in keeping up with the groundwater problems in this area. I told Mr. McNeill that I would convey his concern about the groundwater issues and the state's performance problems. Chris

505-397-1471

# **RICE** Operating Company

122 West Taylor • Hobbs, New Mexico 88240 Phone: (505)393-9174 • Fax: (505) 397-1471

December 15, 1998

Mr. Wayne Price New Mexico Energy and Minerals Department Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505

| Post-It™ brand fax transmitta | Il memo 7671 # of pages ► 3 |
|-------------------------------|-----------------------------|
| To WAYNE PRICE                | From Wes Root               |
| <i>NMO</i> CA                 | C. RICE                     |
| Dept. 505-827 - 71 55         | Phone # 505-393-9/74        |
| Fax #                         | Eav #                       |

Re: Junction I-9 Release Site Unit Letter I, Section 9 of T19S R38E Hobbs Salt Water Disposal System Lea County, New Mexico

505-827-8177

Mr. Price:

Rice Operating Company requests that the New Mexico Oil Conservation Division approve the installation of a recovery well at the above listed site as an interim abatement measure.

As we discussed during our telephone conversation this morning, the well would be used to recover crude oil floating on top of the water table at the site until an abatement plan pursuant to 19 NMAC 15.A.19 can be approved and implemented. A site map showing the proposed location for the recovery well (RW-1) and well construction diagram are enclosed.

Crude oil would be recovered by manually bailing the well a minimum of three days per week. The initial bailing schedule will be Monday, Wednesday, and Friday. After measuring the volume of crude oil recovered during each bailing event, the recovered fluids will be placed back into the Hobbs Salt Water Disposal System for disposal. A monthly summary of the crude oil volume recovered, including a cumulative total, will be prepared and kept on file at our Hobbs Office.

Your prompt response to this request will greatly assist our abatement efforts. If you have any questions please feel free to call.

Sincerely,

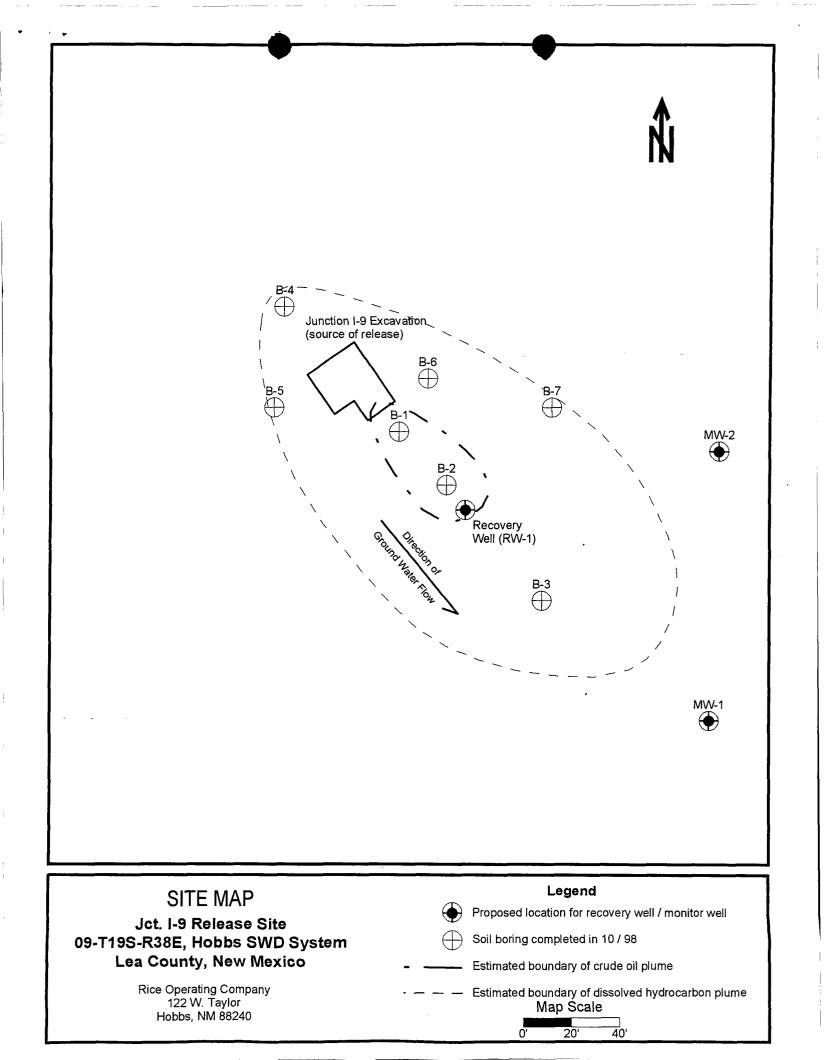
F. Wesley Root

F. Wesley Root Projects Manager

Enclosure

CC.

Mr. Chris Williams, NMOCD District I Office KH. File





# NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

# Memorandum Of Conversation

<u>Telephone</u> XX Meeting

Date: December 15, 1998 Time: approx. 9am

To: Bill McNeil 505-392-8790

From: Wayne Price- Return call Roger Anderson, Bill Olson, Jack Ford

- Re: Complaint concerning Rice Operating Co. Groundwater Abatement Plan for the Rice Hobbs Salt Water Disposal System UL I-sec 9-Ts19s-R38e.
- **Discussions:** Mr. McNeil complained about the amount of time that Rice had been given concerning the abatement plan process. Mr. McNeil told us that this problem had already impacted one of his down gradient water wells and that his technical consultants had advised him that the ground water could be moving as fast as three feet a day. We ask Mr. McNeil if OCD could get a copy of sampling report he declined our request.

Mr. McNeil wants Monitor wells to be installed immediately and does not like the time frame allowed in the abatement process.

Mr. McNeil indicated that he was notifying us that OCD would be included in a law suit concerning this issue.

**Conclusions/Agreements:** 

cc:

attachments-



NEW MEXICO GERGY, MINERALS & NATURAL RESOURCES DEPARTMENT



OIL CONSERVATION DIVISION 2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

11/20/98 4:25 PM

# CERTIFIED MAIL RETURN RECEIPT NO: P 288 259 088

Mr. F. Wesley Root Projects Manager Rice Operating Company (ROC) 122 West Taylor Hobbs, New Mexico 88240

RE: Abatement Plan (AP-8) Requirement Rice Operating Company Hobbs Salt Water Disposal System Lea County, New Mexico

Dear Mr. Root:

The New Mexico Oil Conservation Division (OCD) has reviewed Rice Operating Company's (ROC) Release Notification letter dated October 22, 1998 concerning the discovery of hydrocarbon-impacted ground water on October 20, 1998 located at ROC's Hobbs Salt Water Disposal System Unit letter I, Section 9, Township 19 south, Range 38 east in Lea County, New Mexico.

Pursuant to 19 NMAC 15.A.19.C.1, the OCD requires an abatement plan for the ROC site to abate ground water pollution. To initiate the abatement plan process, the OCD requires that ROC submit to the OCD by January 20, 1999 a Stage 1 abatement plan investigation proposal pursuant to OCD Rule 19.E.1. and OCD Rule 19.E.3.

If you have any questions, please contact Wayne Price of my staff at (505) 827-7155.

Sincerely,

Roger C. Anderson Environmental Bureau Chief

xc: Chris Williams-NMOCD District I Supervisor

SILE : O/WA/RICEADE

**RICE** Operating Company

122 West Taylor HOBBS, NEW MEXICO 88240 (505) 393-9174

October 22, 1998

Mr. Roger Anderson State of New Mexico Energy and Minerals Department Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505

Re: Release Notification Unit Letter I, Section 9 of T19S R38E Hobbs Salt Water Disposal System Lea County, New Mexico

Mr. Anderson:

On October 20, 1998, Rice Operating Company discovered hydrocarbon-impacted ground water at the above listed location and immediate verbal notification of the impact was made to the New Mexico Oil Conservation Division (NMOCD) District I Office. The purpose of this letter is to provide a timely written notification of an unauthorized release to the NMOCD pursuant to Rule 116.

The impacted ground water was identified during the course of a subsurface investigation to delineate the extent of soil impact from a pipeline leak that occurred in June 1998. Our initial findings indicate that a small plume of crude oil, approximately 30 feet long by 20 feet wide, is floating on the ground water beneath the site at a depth of approximately 30 feet below ground surface.

The pipeline leak was discovered and repaired on June 5, 1998. Notification of an unauthorized release was submitted to the NMOCD District I Office in accordance with Rule 116. The surface area adversely impacted by the release covered approximately 6,360 square feet. A copy of the Release Notification (Form C-141) is enclosed.

If you have any questions please feel free to call.

Sincerely,

7. Welesley Root

F. Wesley Root Projects Manager

Enclosure

cc. Mr. Chris Williams, NMOCD District I Office KH File

| STATE OF<br>NEW MEXICO<br>OIL<br>CONSERVATION<br>DIVISION | MEMORANDUM OF MEETING OR CO | ONVERSATION                |
|-----------------------------------------------------------|-----------------------------|----------------------------|
| Telephone Personal                                        | Time<br>10:0-AM             | Date 10/22/98              |
| Originating                                               | Party                       | Other Parties              |
| WES ROOT - RICE EN<br>393-91                              |                             |                            |
| GROUND WA TEA                                             | IMPACT - At B               | 0× I9 ALI-6-52-9-T519-138e |
| Discussion Notification                                   | JEN RULE 116                |                            |
| i                                                         | ·                           |                            |
|                                                           |                             |                            |
| Conclusions or Agreements                                 |                             |                            |
| WILL SENA IN WRI                                          | tten NotificAtion           | TO MMOCA-ROGER ANTAINSON   |
| <u>Distribution</u>                                       | Signed                      | ayur me                    |

| STATE OF<br>NEW MEXICO<br>OIL<br>CONSERVATION<br>DIVISION | MEMORANDUM OF MEETING O | R CONVERSATIO                         | N                                      |            |
|-----------------------------------------------------------|-------------------------|---------------------------------------|----------------------------------------|------------|
|                                                           |                         |                                       | £                                      |            |
| Telephone Personal                                        | Time<br>10:00 Am        | Date                                  | 10/22/98                               |            |
| Originatin                                                | 9 Party                 |                                       | Other Parties                          |            |
| 20155 ROOT - RICE B<br>393-9                              | engl-<br>74             |                                       | •                                      |            |
| Subject GROUND WATER                                      | IMPACT - At             | BOX I9                                | ALT-6-51-7-1519                        | .138c      |
| Discussion Notification                                   | PER RULE 116            | · · · · · · · · · · · · · · · · · · · |                                        |            |
| .ii                                                       |                         |                                       |                                        |            |
|                                                           |                         |                                       |                                        |            |
|                                                           |                         |                                       |                                        |            |
| Conclusions or Agreements                                 |                         |                                       |                                        |            |
| WILL SENA IN WR                                           | itten NotificAtion      | N TO NM                               | OCA - ROGER ANDERSON                   | ۔۔۔۔۔<br>۔ |
|                                                           |                         |                                       | ······································ |            |
| istribution                                               | Signed                  | Waynt.                                | A<br>mi                                |            |
|                                                           | -                       | /                                     |                                        |            |

| CFITIM       | CHAIN                        | CHAIN2D                                             | CXTFIT                                                     |
|--------------|------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| DISC         | ESAP-95                      | GEOPACK                                             | HYDRUS                                                     |
| HYDRUS-2D    | N3DADE                       | RETC                                                | ROSETTA                                                    |
| SOILC02      | STANMOD                      | SWMS-2D                                             | SWMS-3D                                                    |
| UNSATCHEM-2D | UNSATCHEM                    | UNSODA                                              | WATSUIT                                                    |
|              | DISC<br>HYDRUS-2D<br>SOILC02 | DISC ESAP-95<br>HYDRUS-2D N3DADE<br>SOILC02 STANMOD | DISCESAP-95GEOPACKHYDRUS-2DN3DADERETCSOILC02STANMODSWMS-2D |

# **HYDRUS-1D for Windows**

The demo version of the program, and examples and manican be downloaded from our <u>FTP</u> site. HYDRUS-1D tutorial

### October 1998 Version: 2.0

HYDRUS-1D is a Microsoft Windows-based modeling environment for analysis of water flow and solute transport in variably saturated porous media.

The software package includes the one-dimensional finite element model HYDRUS (version 7.0) for simulating the movement of water, heat, and multiple solutes in variably saturated media.

The model is supported by an interactive graphics-based interface for data-preprocessing, discretization c the soil profile, and graphic presentation of the results.

| osition Manager                                                                                                                                                                              | Eutrent position: 10R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (<br>AINAG                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Name<br>1DRAINAG<br>1INFILTB<br>1SCALING<br>2HYSTER<br>2NOHYSTR<br>3LAJURI<br>3SELIM<br>4HEAT<br>5SEASON<br>ANNETTE<br>CRAIG<br>CRUST<br>EVAPOR<br>FITHYST<br>FITHYST<br>FITHEST2<br>CITEET2 | Description<br>Drainage in a large caisson<br>Infiltration in a large caisson<br>Infiltration in a large caisson<br>Infiltration in a large caisson<br>Transient flow involving hysteresis<br>Transient flow not involving hysteresis<br>Solute transport with nonlinear cation adsorption - Lai - Ju<br>Solute transport with nonlinear cation adsorption - Selim<br>Heat transport with nonlinear cation adsorption - Selim<br>Heat transport under fluctuating atmospheric condition<br>Water flow in a field soil profile under grass<br>Landfill Analysis<br>Column Experiment from van Genuchten and Parker, 1987.<br>Infiltration into a crusted soil - SAHEL<br>Evaporation Experiment - data from Ole Wendroth<br>Text Example with Hysteresis Fitting<br>Water flow in a field soil profile under grass<br>Colum Carses and the bibilitestice Chain | 14.11.97<br>14.11.97<br>14.11.97<br>18.11.97 |
| How                                                                                                                                                                                          | Delete Capy Rename OK Cancel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Help 2                                       |

# HYDRUS Model (version 7.0)

The HYDRUS program is a finite element model for simulating the **one-dimensional** movement of wate heat, and multiple solutes in variably saturated media. The program numerically solves the Richards' equation for saturated-unsaturated water flow and Fickian-based advection dispersion equations for heat solute transport.

The Flow equation incorporates a sink term to account for water uptake by plant roots.

The Heat transport equation considers conduction as well as convection with flowing water.

The **Solute** transport equations consider advective-dispersive transport in the liquid phase, and diffusion the gaseous phase.

# The transport equations also include provisions for:

- Nonlinear and/or Nonequilibrium reactions between the solid and liquid phases,
- Linear equilibrium reactions between the liquid and gaseous phases,
- Zero order production, and
- Two First order degradation reactions:
  - One which is independent of other solutes, and
  - One which provides the coupling between solutes involved in sequential first-order decay

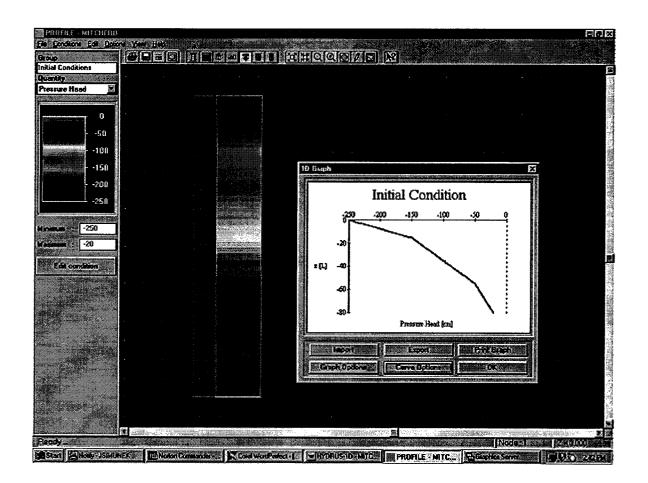
Page 3 of 7

reactions.

The program may be used to analyze water and solute movement in unsaturated, partially saturated, or fu saturated porous media.

The flow region itself may be composed of nonuniform soils. Flow and transport can occur in the vertica horizontal, or a generally inclined direction. The water flow part of the model can deal with (constant or time-varying) prescribed head and flux boundaries, boundaries controlled by atmospheric conditions, as as free drainage boundary conditions. Soil surface boundary conditions may change during the simulation from prescribed flux to prescribed head type conditions (and vice versa).

For solute transport the code supports both (constant and varying) prescribed concentration (Dirichlet or first-type) and concentration flux (Cauchy or third-type) boundary conditions. The dispersion coefficient includes terms reflecting the effects of molecular diffusion and tortuosity.



The Unsaturated Soil Hydraulic Properties are described using van Genuchten [1980], Brooks and Co [1964] and modified van Genuchten type analytical functions. Modifications were made to improve the description of hydraulic properties near saturation. The HYDRUS code incorporates hysteresis by using empirical model introduced by Scott et al. [1983] and Kool and Parker [1987]. This model assumes that drying scanning curves are scaled from the main drying curve, and wetting scanning curves from the mai wetting curve.

#### HYDRUS-1D 1998 VERSION 2.0

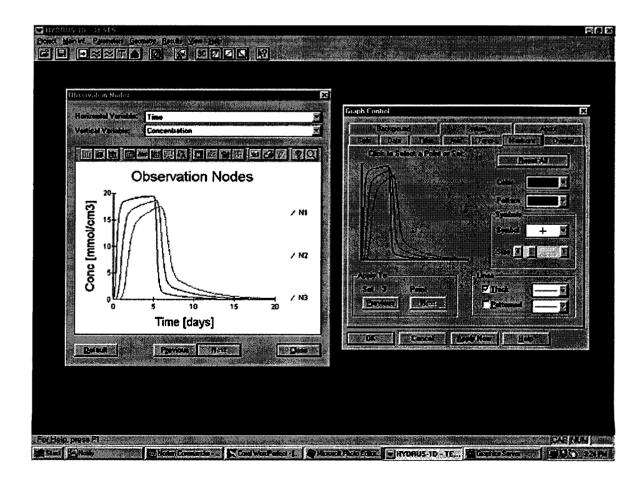
Page 4 of 7

HYDRUS also implements a **scaling** procedure to approximate hydraulic variability in a given soil profil means of a set of linear scaling transformations which relate the individual soil hydraulic characteristics t those of a reference soil.

**Root growth** is simulated by means of a logistic growth function. Water and salinity stress response functions can be defined according to functions proposed by Feddes et al. [1978] or van Genuchten [198].

The governing flow and transport equations are solved **numerically** using Galerkin type linear finite eler schemes. Integration in time is achieved using an implicit (backwards) finite difference scheme for both saturated and unsaturated conditions. Additional measures are taken to improve solution efficiency for transient problems, including automatic time step adjustment and adherence to preset ranges of the Coura and Peclet numbers. The water content term is evaluated using the mass conservative method proposed b Celia et al. [1990]. Possible options for minimizing numerical oscillations in the transport solutions inclu upstream weighing, artificial dispersion, and/or performance indexing.

HYDRUS implements a Marquardt-Levenberg type parameter estimation technique for inverse estimatio selected soil hydraulic and/or solute transport and reaction parameters from measured transient or steady-state flow and/or transport data. The procedure permits several unknown parameters to be estimated from observed water contents, pressure heads, concentrations, and/or instantaneous or cumulative boundary flu (e.g., infiltration or outflow data). Additional retention or hydraulic conductivity data, as well as a penalt function for constraining the optimized parameters to remain in some feasible region (Bayesian estimatio can be optionally included in the parameter estimation procedure.



# **User Interface**

A Microsoft Windows-based graphical user interface (GUI) manages the input data required to run HYDRUS, as well as for nodal discretization and editing, parameter allocation, problem execution, and visualization of results.

All spatially distributed parameters, such as soil type/layer, root water uptake distribution, and the initial conditions for water, heat and solute movement, are specified in a graphical environment.

The location of discretization nodes can be graphically edited by a user to optimize the thickness of differelements.

The program includes controls to allow a user to build an application specific flow and transport model,  $\varepsilon$  to perform graphical analyses on the fly.

Both input and output can be examined using graphical tools.

The HYDRUS-1D shell program translates all geometric and parameter data into the HYDRUS input for

File management is handled by a sophisticated project manager.

# **Post-Processing**

Post-processing is also carried out in the shell.

HYDRUS-1D offers graphs of the distribution of the pressure head, water content, water and solute fluxe root water uptake, temperature and the concentration in the soil profile at preselected times.

Output also includes variable-versus-time plots, such as actual, potential and cumulative fluxes across boundaries or leaving the root zone.

Observation points can be added anywhere in the profile to obtain graphical output for the water content, pressure head, temperature, and/or the concentration.

Peripheral devices supported include most popular types of printers and plotters.

A small catalog of soil hydraulic properties is included in the program.

Extensive context-sensitive, online Help is part of the interface.

# Test Examples distributed with the model:

# Direct:

- 1. Water Flow and Solute Transport in a field soil profile under grass Seasonal simulation
- 2. Infiltration and Drainage in a large caisson
- 3. Transient Flow involving hysteresis

- 5. Solute Transport with nonlinear cation adsorption Data from Lai and Jurinak
- 6. Solute Transport with nonlinear cation adsorption Data from Selim
- 7. Solute Transport with nitrification chain
- 8. Solute Transport with non-equilibrium cation adsorption
- 9. Heat Transport under fluctuating atmospheric condition

#### Inverse:

- 1. One-step outflow experiment Data from Kool et al. (1987)
- 2. Multistep Outflow Experiment Data from Jan Hopmans
- 3. Evaporation Experiment Data from Ole Wendroth
- 4. Upward Infiltration
- 5. Transient Flow involving hysteresis
- 6. Solute Transport with nonlinear cation adsorption Data from Lai and Jurinak
- 7. Solute Transport with nonlinear cation adsorption Data from Selim
- 8. Solute Transport with nitrification chain
- 9. Horizontal infiltration Data from George Vachaud
- 10. Horizontal infiltration and redistribution Data from George Vachaud
- 11. Drainage in a sand column Data from George Vachaud
- 12. Water Flow in a field soil profile under grass Seasonal simulation

#### System Requirements:

Intel 80386 with math coprocessor, Intel 80486DX, or higher processor, 4 Mb RAM, DOS 5.0 or higher, hard disk with at least 10 Mb free disk space, VGA graphics (SVGA with 256 colors recommended), MS Windows 95, 98, or Windows NT.

#### Authors:

J. Simunek, K. Huang, <u>M. Sejna</u>, and <u>M.Th. van Genuchten</u> U.S. Salinity Laboratory, USDA/ARS, Riverside, California

#### **Ordering Information:**

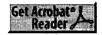
The **HYDRUS-1D** software package is distributed by the International Groundwater Modeling Center. <u>IGWMC</u> also prints the manual and provides help with its installation and use. Below is the reference of manual and the <u>IGWMC</u> contact address where you can get more information, and where you can order t software.

Dr. Eileen Poeter Professor of Groundwater Engineering Department of Groundwater Engineering Co-director of International Ground Water Modeling Center Colorado School of Mines Golden, Colorado, 80401-1887

Phone: 303-273-3103 Fax: 303-384-2037 IGWMC@mines.edu

http://www.Mines.EDU/research/igwmc/software/igwmcsoft/

USSL programs USSL home page



To view .pdf files requires that you have Adobe Acrobat Reader© installed on your PC or Macintosh

